FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL C	WNERSHIP
On the Employee of the Country of th	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours par response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Pelkowski Julie Marie					2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]										k all applica Director	ble)	Perso	n(s) to Issue	wner	
(Last)	(First	,	liddle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023									X	Officer (give title below) Other (s below) EVP & CFO				pecify
(Street) ERIE PA 16530					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)						
					L									Form file Person	m filed by More than One Reporting son					
(City)	(State	e) (Z	ip)		Ru	Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Tab	le I - Noı	n-Deri	vative	e Se	curiti	es A	cquii	red, D	isp	osed	of, or B	ene	ficially	Owned				
Date				Date	/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year		e, Ti	Transaction Dispose Code (Instr.		rities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		Form:	Direct Indirect Introduced Interest Int	7. Nature of ndirect Beneficial Ownership	
										Code V	′	Amount	(A) (D)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Class A Cor	nmon Stock	C		12/3	31/2023					J ⁽¹⁾		2.61	613 A \$		\$334.92	612.244		D		
		Т	able II -										f, or Be			wned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution D curity or Exercise (Month/Day/Year) if any		Date,	Code (Instr.		n of		Expir	6. Date Exercisable a Expiration Date (Month/Day/Year)			and 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	Code	de V	(A)	(D)	Date Exerc	rcisable	Ex Da	piration te	Title	Nu	ount or mber of ares					
Incentive Compensation Deferral Plan	\$0 ⁽²⁾									(3)		(3)	Class A Common Stock	1,7	737.391		1,737	391	D	

Explanation of Responses:

- 1. Participant directed transaction under 401(k) Plan
- $2.\ Conversion\ price\ is\ not\ applicable\ to\ shares\ granted\ under\ the\ Erie\ Indemnity\ Company\ Incentive\ Compensation\ Deferral\ Plan.$
- 3. The shares subject to this reporting are Share Credits which are periodically credited to the accounts of a select group of management and highly compensated employees of Erie Indemnity Company pursuant to its Incentive Compensation Deferral Plan. ??These Share Credits represent the right to receive an equivalent number of shares of Erie Indemnity Company Class A common stock when the reporting individual retires or otherwise separates from service with the Company.? There are no exercisable or expiration dates for these securities.

Rebecca A. Buona, Power of <u>Attorney</u>

01/02/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.