FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).			Filed	or Se	nt to Section 3	Section 30(h) o	16(a) f the I	of the S	Securit ent Co	ties Exchang mpany Act o	e Act o	f 1934			nours	per re	esponse:	0.5
Name and Address of Reporting Person* Smith Douglas Edward					2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]										all appl Direct	licable) tor	ng Pe	rson(s) to Is	
(Last) (First) (Middle) 100 ERIE INSURANCE PLACE					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023							X	Officer (give title below)		Other (spe		specify		
(Street) ERIE PA 16530				4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivi ine) X	Form Form	fual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)		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.											nded to			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
Date				2. Transact Date (Month/Day	y/Year) Execu		eemed ution Date, r th/Day/Year)				Disposed Of	s Acquired (A) Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount (A) or (D)		Price	Transa		action(s) 3 and 4)			(111511. 4)
Class A Common Stock 12				12/31/2	2023				J ⁽¹⁾		0.114	A	\$334	1.92 5,1		140.631		D	
		Tal	ole II -								osed of, convertib				wned	t			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Expiration Exercisable Date Tit		Title	Amount or Number of Shares							

Explanation of Responses:

1. Participant directed transaction under 401(k) Plan

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.