FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| | Estimated average burd | len | | | | |
| l | hours per 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

| 1. Name and Address of Reporting Person* ZIMMER CHRISTOPHER J | | | | | | 2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE] | | | | | | | | | heck all a Di | ship of Reporting policable) rector ficer (give title | ng Pers | 10% C | wner |
|--|--|------|------------|------------------------------|-------|--|---------|-----------|---|-----|---------------------|---|-------------------|--|---|---|---|--|------------|
| (Last) (First) (Middle) 100 ERIE INSURANCE PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2004 | | | | | | | | | | Regional V | ice Pr | Other (specify below) President | |
| (Street) ERIE PA 16530 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X F | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | quired) (Instr. | (A) or 3, 4 aı | nd Sec Ber Ow | 5. Amount of Securities Beneficially Owned Following Reported | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount (A | | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Class A C | ommon Sto | ock | | 02/02 | /2004 | | | | J ⁽¹⁾ | | 9.729 | 6 | A | \$(|) | 778.185 | B5 D | | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | y Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, if any | | | 4. Transa Code (8) | | of | | Expiratio | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ov Fo Di or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Nun of Sha | | | | | | |

Explanation of Responses:

1. Participant directed transaction under 401(k) Plan

Remarks:

By: Linda A. Etter, Power of Attorney

02/03/2004

Attorney

** 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.