FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

nington, D.C. 20549	

l	OMB APPRO	VAL					
l	OMB Number:	3235-0287					
l	Estimated average burde	en					
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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Pelkowski Julie Marie					2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) 100 ERIE INSURANCE PLACE					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024								7	Officer below)	(give title	Other (s below) CFO	specify
(Street) ERIE PA 16530				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (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.												
		Table	l - Noi	n-Deriv	ative	Seci	uritie	s Acc	quired,	Dis	posed o	f, or Bei	neficially	Owned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution ay/Year) if any			. Deemed ecution Date, any onth/Day/Year)		Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		Beneficia Owned F	s Fo illy (D ollowing (I)	orm: Direct 0) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)
Class A Common Stock 04/30/2					/2024			J (1)		3.677	A	\$382.6	620).25	D		
		Та						•	,	•	osed of, convertib		•	Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/E		4. Transa Code (8)		on of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares				
Incentive Compensation Deferral Plan Share Credits	\$0 ⁽²⁾								(3)		(3)	Class A Common Stock	1,749.7		1,749.7	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 **Attorney**

05/01/2024

** Signature of Reporting Person

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.