

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

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>Shine Sarah</u> (Last) (First) (Middle) <u>100 ERIE INSURANCE PLACE</u> (Street) <u>ERIE PA 16530</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ERIE INDEMNITY CO [ERIE]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Executive Vice President</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/31/2026</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
<u>Class A Common Stock</u>	<u>03/31/2026</u>		<u>J⁽¹⁾</u>		<u>5.518</u>	<u>A</u>	<u>\$251.31</u>	<u>538.342</u>	<u>D</u>	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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 (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)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
<u>Incentive Compensation Deferral Plan Share Credits</u>	<u>(2)</u>							<u>(3)</u>	<u>(3)</u>	<u>Class A Common Stock</u>	<u>2,678.365</u>	<u>2,678.365</u>	<u>D</u>	

Explanation of Responses:

- Participant directed transaction under 401(k) Plan.
- Conversion price is not applicable to shares granted under the Erie Indemnity Company Incentive Compensation Deferral Plan.
- 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.

Remarks:

Cynthia R Crosby, Power of Attorney 04/01/2026
 ** 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.

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, SARAH SHINE, hereby make, constitute and appoint CYNTHIA R CROSBY, of ERIE INDEMNITY COMPANY, 100 Erie Insurance Place, Erie, Pennsylvania 16530, my agent, with full power and authority and in my name and stead to act for me in all matters concerning the preparation, execution, acknowledgment, delivery and filing of all reports required to be filed by me under Section 16(a) of the Securities Exchange Act of 1934, as fully as I could do personally, and in so acting for me in my name to prepare, execute, acknowledge, deliver and file all papers, forms and instruments and preform all acts and things necessary or convenient for and incidental to the exercise of such power and authority. I hereby ratify and confirm whatsoever my agent shall and may do by virtue hereof.

This Power of Attorney shall continue in force and may be accepted and relied upon by any one to whom it is presented despite my purported revocation of it or my death, until actual written notice of such event is received by such person. In the event of my incapacity, from whatever cause, this Power of Attorney shall not thereby be revoked and shall not be affected by my disability or incapacity, and shall be accepted and relied upon by anyone to whom it is presented despite such incapacity, subject to it becoming void and of no further effect only upon receipt by such person either of written notice of the appointment of a guardian of my estate following adjudication of incapacity, or upon receipt of written notice of my death.

It is intended that this Power of Attorney shall be in all respects construed according to and governed by the laws of the Commonwealth of Pennsylvania.

/s/SARAH SHINE