SEC Form 4	
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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Gutting

Revocable Trust U/A DTD 10/30/2017

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

FORM 4

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ ERIE ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Gutting Gregory J</u>											Director	10%	owner		
I ———										Cofficer (give title		er (specify			
(Last)	(First)	(Middle)	10/21/2021					Day/Year)			below)	belo	w)		
100 ERIE INSURANCE PLACE				10/31/2021							EVP & CFO				
(Street)											6. Individual or Joint/Group Filing (Check Applicable Line)				
ERIE PA 16530										2	K Form filed by O	ne Reporting Pe	rson		
I										Form filed by More than One Reporting					
(City)	(State)	(Zip)								Person					
City)	(Sidle)	(zip)													
		Table I - N	on-Deriva	ative	Securities Acc	quired	l, Di	sposed of,	or Bei	neficially	Owned				
Date			2. Transacti Date (Month/Day	-	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities / Disposed Of (			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)		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)		
Class A Common Stock			10/31/2	021		J <sup>(1)</sup>		0.8	A	\$205.81	286.99	D			
													By Gregory J		

**Class A Common Stock** 

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. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	vative rities lired r osed ) c. 3, 4	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	Title	Amount or Number of Shares				
Incentive Compensation Deferral Plan Share Credits	\$0 <sup>(2)</sup>							(3)	(3)	Class A Common Stock	4,982.694		4,982.694	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 Deferal 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	11/02/2021		
<u>Attorney</u>	11/02/2021		
** Signature of Reporting Person	Date		

3,954

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

 $\ast$  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.