SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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OMB Number:	3235-0287				
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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). [ ]

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or S	Sectio	on 30(h	i) of the	e Investn	ient C	Com	pany Ac	t of 19	940						
1. Name and Address of Reporting Person <sup>*</sup> Feltz Lorianne				2. Issuer Name and Ticker or Trading Symbol <u>ERIE INDEMNITY CO</u> [ ERIE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	(Firs	,	liddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2024								below)	give title ecutive Vice P		Other (s below) resident	pecify			
100 EKIE I	INSUKAIIC	LE PLACE			4. If A	Amen	idment,	Date	of Origin	al File	ed (N	/lonth/Da	ay/Yea	ar)	6. Ind	ividual or Jo	int/Group	Filing (	Check Appl	icable
(Street) ERIE	PA	16	5530						-				-		Line) X			•	ting Person	
,																Form file Person	ed by Mor	e than	One Report	ing
(City)	(Stat	e) (Z	ip)		Rul	e 1	0b5	-1(c)	) Tran	sac	tio	n Ind	icat	tion						
														oursuant te e Instructi		instruction or	written pla	an that is	s intended to	satisfy
		Tab	le I - Nor	ו-Deri	vative	Sec	curiti	es A	cquire	d, D	isp	osed	of, o	or Bene	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/				saction 2A. Deemed Execution Date, if any (Month/Day/Year)			Execution Date, if any		Transaction D Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
			Cod				e V		Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Class A Common Stock 03/3				1/2024				<b>J</b> <sup>(1</sup>			0.35	9	A	\$401.57	<b>\$</b> 401.57 4,951.804		D			
		Т	able II -											Benef securi		wned			,	
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			Transaction of Ex			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Derivative S (Instr. 3 and					urities Un vative Se	derlying curity	8. Price of Derivative Security (Instr. 5)	derivativ Securitie Beneficia Owned Followin Reported	urities leficially ned owing lorted nsaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v		(D)	Date	abla	Exp	piration	Title	N	mount or umber of pares					

Explanation of Responses:

Incentive

Compensation

Deferral Plan

Share Credits

\$0<sup>(2)</sup>

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.

(3)

Rebecca A. Buona, Power of	04/01/2024			
<u>Attorney</u>	04/01/2024			
** Signature of Reporting Person	Date			

2.663.052

2,663.052

D

Class A

Commor

Stock

(3)

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.