Edgar Filing: Employers Holdings, Inc. - Form 4

| Employers H | loldings, Inc. | | | | | | | | | | |
|---|--|-----------------|---------------------------------|---|------------|------------------------------|---|--|--|-----------|--|
| Form 4 | | | | | | | | | | | |
| March 18, 20 |)16 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB AF | OMB APPROVAL | | |
| | UNITED | STATES | | AITIES A Shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 | | SECUR | ITIES | | | NERSHIP OF e Act of 1934, | Expires: Estimated a burden hou response | | | | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 17(| (a) of the | | ility Hold | ling Con | npany | Act of | 1935 or Section | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Festa Stephen V Symb | | | Symbol | 2. Issuer Name and Ticker or Trading ymbol mployers Holdings, Inc. [EIG] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | Employ | ers Holdi | ngs, Inc. | [EIC | ı] | (Chec | k all applicable | ;) | |
| (Mont | | | (Month/D | Date of Earliest Transaction Ionth/Day/Year) 8/16/2016 | | | | Director10% Owner XOfficer (give titleOther (specify below) below) EVP, Chief Operating Officer | | | |
| (Street) 4. If Ar | | | 4. If Ame | If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| RENO, NV | 89521 | | Filed(Mon | th/Day/Year |) | | | Applicable Line) _X_ Form filed by C Form filed by M | One Reporting Pe | rson | |
| | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | | | | \$ | | | | |
| Stock, par | 03/16/2016 | | | F | 144 | D | پ 27.82 | 39,152 | D | | |

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

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 control number.

 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. Transact: Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Ad | dress | Relationships | | | | | | |
|--|------------|---------------|------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Festa Stephen V 10375 PROFESSIONAL CI RENO, NV 89521 | IRCLE | | EVP, Chief Operating Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Stephen V. Festa | 03/17/2016 | | | | | | | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.