FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|

| l | OMB APPRO | DVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Rumbolz Michael D | | | | | 2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG] | | | | | | | | | heck all ap | ctor | Ü | rson(s) to Is: 10% O Other (| wner | |
|---|--|------------|-------|-------------------|---|---|----|-------------------------------------|--|---|----------|--|---|---|--|---|--|---|---------|
| (Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) $06/01/2011$ | | | | | | | | Officer (give title Ot below) be | | | | specify | |
| (Street) RENO | N | V { | 89521 | | 4. If | | | | | | | 6. Lir | ne) <mark>X</mark> For | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting In filed by More than One Reporting | | | | | |
| (City) | (Si | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Co | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | d Secu Bene | cially (D) Following (I) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Co | ode \ | , | Amount | (A) (D) | Price | Trans | nsaction(s) tr. 3 and 4) | | | (50. 4) |
| | 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) | rivative Conversion Date Execution Date, Transcurity or Exercise (Month/Day/Year) if any Code | | | Transa Code (I | ansaction of E ode (Instr. Derivative (N | | | Expirat | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | | | | Date Exercis | isable | Ex Da | piration te | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalent Rights | (1) | 06/01/2011 | | | A | | 11 | | (1) | 1) | | (1) | Common Stock, par value \$0.01 | 11 | \$0 | 150 | | D | |

Explanation of Responses:

1. The dividend equivalent rights ("DERs") accrued on vested restricted stock units ("RSUs") previously granted to the reporting person where the reporting person has voluntarily deferred delivery of such RSUs until six months following termination of service on the board of directors. The DERs become exercisable proportionately with the RSUs to which they relate. Each DER is the economic equivalent of one share of common stock of Employers Holdings, Inc.

/s/ Lenard T. Ormsby, attorney

06/03/2011

in fact

** 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.