FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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(h) |

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

| | | Reporting Person* | | | | | | | er or Tra | _ | , | | | | . Relationsh Check all ap | | ng Person(s) to I | ssuer | |
|---|---|--|--|---------------|---|--|--|--------|---|--|---------------------|---|-------------|--|--|---|---|---|--|
| Nelson John P | | | | | . LEII | Employers Holdings, Inc. [EIG] | | | | | | | | | Dire | ector cer (give title | 10% (| Owner (specify | |
| (Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015 | | | | | | | | | X Officer (give title below) EVP, Chief Admin Officer | | | | | |
| (Street) RENO (City) | ENO NV 89521 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | | n-Deriv | ative | Se | curiti | es Aco | quired, | Dis | posed o | f, or | Bene | eficia | ally Own | ed | | | |
| Date | | | | Date | e Ex onth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | nd Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount (A) (C) | | A) or D) | Price | Trans | action(s) . 3 and 4) | | (111501.4) | |
| Common Stock, par value \$0.01 02/17 | | | | | 7/2015 | /2015 | | | | | 19,000 | 0 | A | \$ | 0 | 62,600 | D | | |
| Common Stock, par value \$0.01 02/1 | | | | 02/17 | 02/17/2015 | | | | F | | 5,321 | | D | \$2 | 1.5 | 57,279 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transac | | | n of Deri Sec Acq (A) o Disp of (I (Ins | of E | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (In and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber res | | | | | |

Explanation of Responses:

Remarks:

/s/ John P. Nelson

02/19/2015

** Signature of Reporting Person Date

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

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.

^{*} 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).