Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* Yocke William E					2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015								_ X	Officer below)	er (give title v) EVP		Other (s below)	specify	
(Street)	N	V	89521		4. 1	If Ame	endme	nt, Date o	of Original Filed (Month/Day/Year)					6. Inc Line)	Form f	Joint/Group Filing (Check Appl iled by One Reporting Person iled by More than One Reporti			n
(City)	(S		(Zip)																
1. Title of Security (Instr. 3) 2. Trai			2. Tran	ransaction e		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A (D) or)	Price	Transact	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)
Common Stock, par value \$0.01			03/09/2015		.5			М		30,000	0	A	\$19.21	61,197		D			
Common	Stock, par	value \$0.01		03/0	9/201	.5			D		30,00	0	D	\$24.5 ⁽¹	31,197			D	
Common Stock, par value \$0.01															32,447			I	By Virginia D. and William E. Yocke 2006 Family Trust
		-	Table II -												Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	arsion ercise of attive 3. Transaction Date (Month/Day/Year) of Month/Day/Year) aftive 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) 5. Number Transaction Code (Instr. 8) Derivative Securities Acquired		umber vative urities uired or oosed O) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)				mount	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)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	or No of	umber					
Employee Stock Option (right to	\$19.21	03/09/2015			М			30,000	(2)	0	05/28/2015	Comm Stock par val	s, lue 30	0,000	\$0	0		D	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.30 to \$24.70, inclusive. The reporting person undertakes to provide to Employers Holdings, Inc.("EHI"), any security holder of EHI or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. The option vests as to 25% of the shares underlying the grant on May 29, 2009, with the remainder of the grant vesting in three equal annual installments beginning on May 29, 2010.

Remarks:

/s/ William E. Yocke

03/09/2015

** 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.