FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANG	GES IN BEI	NEFICIAL	OWNER

SHIP	OMB Number:	3235-0287						
	Estimated average burden							
	hours per response:	0.5						

OMB APPROVAL

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

1. Name and Address of Reporting Person* <u>Berg Tracey Lynn</u>				2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG]								(Chec	k all app Direc	tor	•	rson(s) to Is 10% O Other (wner		
(Last) 10375 PI	(Fir	st) (N NAL CIRCLE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/22/2021								X	belov	Officer (give title below) EVP, Chief Inr		below)	·	
(Street) RENO (City)	NV (Sta		9521 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Form Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			on
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transac Date (Month/Da	Execution Date,				Disposed O	es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amo Securit Benefic Owned Report	ties cially Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pric	e	Transa	action(s) 3 and 4)			(5011 4)
Common Stock, par value \$0.01 01/22/2				021		A		12,840	A		\$ <mark>0</mark>	36	5,280		D				
Common Stock, par value \$0.01 01/22/2				.021		F		3,313	D \$32.45		2.45	45 32,967			D				
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, curity or Exercise (Month/Day/Year) if any			4. Transa Code (8)	Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		or Number of		ut er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	(Instr. 3, 4 and 5)		Date Exercis	sable	Expiration Date	Title	Numbe	r								

Explanation of Responses:

Remarks:

/s/ Lori A. Brown, attorney in

<u>fact</u>

** Signature of Reporting Person Date

01/25/2021

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.