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(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 $^*$ $\underline{Nelson\ Ann\ W}$						2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [ EIG ]									Check all	onship of Reportir Il applicable) Director Officer (give title below) EVP, Corp. 8		10% C	Owner	
(Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017									A b			Other (specify below)  Public Affairs		
(Street) RENO (City)	NV (St		39521 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable .ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally Ov	ned				
				2. Transaction Date (Month/Day/Year)		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 a	nd Se Be Ow	Amount of curities neficially ned Followin	Fd	. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		A) or D)	Price	Tra	nsaction(s) str. 3 and 4)			(111311.4)		
Common Stock, par value \$0.01					03/15/2017						233		D	\$38	3.5	48,921		D		
Common Stock, par value \$0.01				03/15/2017		7			F		226		D	\$38	3.5	48,695		D		
		Та	ble II - D								sed of, onvertib				y Own	ed				
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. Transaction Code (Instr. 8)		of		6. Date Expiration (Month/D	n Date	Amount of		str. 3	8. Price Derivati Security (Instr. 5)		e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha	ber						

**Explanation of Responses:** 

Remarks:

/s/ Ann W. Nelson

03/17/2017

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).