FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
• ., <u>—</u>	0. 00		• • • • • • • • • • • • • • • • • • • •

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

Name and Address of Reporting Person* Dirks Douglas D					2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020								X	Officer (give title			Other (below)	·	
(Street) RENO (City)	NV (Sta	ate) (Z	9521 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)							Li	ne) X	Form Form Perso	lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,				Acquired (A) of (D) (Instr. 3, 4		nd 5) Securi Benefi		ties cially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and		ction(s)			(11341.4)	
Common	Stock, par	value \$0.01		05/05/20)20				P ⁽¹⁾ 6,000		6,000	A	\$29.2	.26 ⁽²⁾		486,347		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)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		Deri Sec	3. Price of Derivative Security Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

- 1. The purchases reported herein are matchable, for purposes of Section 16(b) of the Exchange Act, with sales by the reporting person on February 24, 2020 (the "Sales"). The reporting person has agreed with the Issuer to disgorge his short-swing profits attributable to the matching of the purchases reported herein with the Sales
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions. 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.

Remarks:

/s/ Lori A. Brown, attorney in

fact

** Signature of Reporting Person Date

05/06/2020

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.