FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washingto

| Washington, D.C. 20549                       | OMB APPROVAL |       |  |
|--|--------------|-------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:  | 3235- |  |

| OMB Number:          | 3235-0287 |
|----------------------|-----------|
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| 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*     Dhore Prasanna                         |  |            |  |                           |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Employers Holdings, Inc. [ EIG ] |     |                   |   |                  |              |   |                      | 5. 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) 08/19/2020                         |     |                   |   |                  |              |   |                      | Office<br>below   | r (give title<br>)  |                                     | Other (s<br>below)  | specify                               |  |
| (Street) RENO (City)   | N' (Si   |            | 89521<br>(Zip)                                 |                           | 4. If           | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |     |                   |   |                  |              |   | 6. l<br>Lin          | e)<br>X Form<br>Form  | lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |                                     |   |                                       |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |            |  |                           |                 |   |     |                   |   |                  |              |   |                      |   |   |                                     |   |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                       |  |            |  |                           | Execution Date, |   |     | Code (            | Transaction Disposed Of (D) (Instr. 3, 2 Code (Instr. 5)      |                  |              |   | Benefic              | es For<br>ally (D)<br>Following (I) (   |   | n: Direct<br>r Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |  |
|  |  |            |  |                           |                 |   |     | Code              | v   | Amount           | (A) o<br>(D) | r Price   | Transac<br>(Instr. 3 | tion(s)   |   |                                     | (.//30/ 4)  |                                       |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |  |                           |                 |   |     |                   |   |                  |              |   |                      |   |   |                                     |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | erivative Conversion Date Executive or Exercise (Month/Day/Year) if any  |            | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date, Transac<br>Code (In |                 |   |     |                   | 6. Date Exercisable ar<br>Expiration Date<br>(Month/Day/Year) |                  |              | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |                      | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4)           |                                     | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |            |  | Code                      | v               | (A)   | (D) | Date<br>Exercisab |   | xpiration<br>ate | Title        | Amount<br>or<br>Number<br>of<br>Shares  |                      |   |   |                                     |   |                                       |  |
| Dividend<br>Equivalent<br>Rights   | (1)  | 08/19/2020 |  |                           | A               |   | 24  |                   | (1)   |                  | (1)          | Common<br>Stock,<br>par value<br>\$0.01   | 24                   | \$0   | 87  |                                     | D   |                                       |  |

## **Explanation of Responses:**

1. The dividend equivalent rights ("DERs") accrued on vested restricted stock units ("RSUs") previously granted to the reporting person where the reporting person has voluntarily deferred delivery of such RSUs until six months following termination of service on the board of directors. The DERs become exercisable proportionately with the RSUs to which they relate. Each DER is the economic equivalent of one share of common stock of Employers Holdings, Inc.

## Remarks:

/s/ Lori A. Brown, attorney in

**fact** 

\*\* Signature of Reporting Person

Date

08/20/2020

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.