FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average b | urden | | | | | | |
| 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* Blakey Richard W | | | | | | 2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG] | | | | | | | | | | ationship c all applic Directo | , | | | | |
|--|--|------------|---|----------------------|-------|--|-----|-------|--------------|--|---|-----------------|---|--|-----------------|--|---|-------------------------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2021 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| (Street) RENO (City) | N' | | 89521 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivine) | Form f | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | | Execution Date, | | | , T | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and Securitie Benefici | | es Form ally (D) o Following (I) (II | | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | c | Code | , | Amount | (A) or (D) Pr | | | Transact | Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | |
| | 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) | vative Conversion Date Execution if any | | 3A. Deemed Execution E if any (Month/Day | Date, Transa Code | | saction of the control of the contro | | of Ex | | 6. Date Exercisab Expiration Date Month/Day/Year) | | Amount of | | f s g Security | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | piration ate | Title | Amount or Number of Shares | | | | | | | |
| Dividend Equivalent Rights | (1) | 03/17/2021 | | | A | | 23 | | | (1) | | (1) | Common Stock, par value \$0.01 | 23 | | \$0 | 652 | | 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

03/19/2021

fact

** 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.