FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AP	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours por rospons	o. 0 F							

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>Dirks Douglas D</u>						2. Issuer Name and Ticker or Trading Symbol  Employers Holdings, Inc. [ EIG ]									ationship o k all applio Directo	,	g Perso	on(s) to Issi 10% Ow	
(Last) (First) (Middle) 10375 PROFESSIONAL CIRCLE				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2012									X	Officer below)	(give title  Presider	nt & C	Other (s below) EO	pecify	
(Street) RENO (City)	RENO NV 89521					4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(0.13)			le I - No	n-Deri	vativ	e Se	ecurities	s Ac	auired.	Dis	posed c	of, or Be	enefici	allv	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A)		ed (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Price	e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock, par value \$0.01				03/16/2012		2			A		17,300	300 <sup>(1)</sup> A		<del>0</del>	196,109			D	
Common Stock, par value \$0.01			03/16/2012		2			F		1,984	D	\$17	7.02	194	4,125		D		
Common	Stock, par	value \$0.01		03/1	7/201	2			A		1,800(	2) A	\$	60	195	,925		D	
		-	Гable II -								osed of,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr 8)		5. Number n of		6. Date Exercis Expiration Date (Month/Day/Yea		sable and	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		int 8	. Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$17.02	03/16/2012			A		52,800		(3)		03/16/2019	Common Stock, par value \$0.01	52,80	00	\$0	52,800	0	D	
Employee Stock Option (right to	\$17.02	03/17/2012			A		5,500		(4)		03/17/2019	Common Stock, par value \$0.01	5.50	0	\$0	5,500		D	

## **Explanation of Responses:**

- 1. Represents restricted stock units that vest in four equal annual installments beginning on March 16, 2013 (subject to the reporting person's continued employment on such dates).
- 2. Represents restricted stock units that vest in four equal annual installments beginning on March 17, 2013 (subject to the reporting person's continued employment on such dates).
- 3. The option vests in four equal annual installments beginning on March 16, 2013 (subject to the reporting person's continued employment on such dates).
- 4. The option vests in four equal annual installments beginning on March 17, 2013 (subject to the reporting person's continued employment on such dates).

/s/ Douglas D. Dirks 03/20/2012

\*\* 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.