| SEC For   | m 4  |  |   |        |                                      |   |                    |        |                                       |           |  |  |                |          |   |   |   |  |                                       |
|---|--|--|---|--------|--------------------------------------|---|--------------------|--------|---------------------------------------|-----------|--|--|----------------|----------|---|---|---|--|---------------------------------------|
|   | UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |  |   |        |                                      |   |                    |        |                                       |           |  |  |                |          | OMB APPROVAL  |   |   |  |                                       |
| Check<br>Section<br>obligati<br>Instruct  | STAT   |  | ed purs   | suant  | to Sect                              | ion 16(   | (a) of the S       | ecuri  | NEFIC<br>ities Excha<br>ompany Ac     | nge Act c |  |  | SHIP           | Estim    |   | er:<br>verage burde<br>sponse:  | 3235-0287<br>en<br>0.5                          |  |                                       |
| See Instruction 10.  1. Name and Address of Reporting Person*  McColgan Michael J  (Last) (First) (Middle)  2340 CORPORATE CIRCLE |  |  |   |        | - <u>Er</u><br>3. C                  | 2. Issuer Name and Ticker or Trading Symbol       5. Relationship of I         Employers Holdings, Inc.       [ EIG ]         3. Date of Earliest Transaction (Month/Day/Year)       08/28/2024 |                    |        |                                       |           |  |  |                |          |   |   | 10% Owne  |  |                                       |
| SUITE 200<br>(Street)<br>HENDERSON NV 89074<br>(City) (State) (Zip)   |  |  |   |        | - 4. li                              | Line)   |                    |        |                                       |           |  |  |                |          |   | oint/Group Filing (Check Applicable<br>led by One Reporting Person<br>led by More than One Reporting            |   |  |                                       |
|   |  | Tabl                                       | e I - Non   | -Deriv | ative                                | e Se  | curitie            | es Ac  | quired,                               | Dis       | posed o  | of, or B   | Sene           | ficial   | ly Owne   | d   |   |  |                                       |
| 1. Title of Security (Instr. 3)<br>2. Transa<br>Date<br>(Month/D  |  |  |   |        | ar) i                                | 2A. Deer<br>Executic<br>if any<br>(Month/I  | on Date            | Code ( | (Instr.                               | 1 Dispose | ities Acquired (A) or<br>d Of (D) (Instr. 3, 4 an<br>(A) or<br>(D) Price |  | 3, 4 and       | Benefici | es<br>ally<br>Following<br>d<br>tion(s)             | Form<br>(D) o   | vnership<br>1: Direct<br>r Indirect<br>1str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                       |
|   |  | T  | able II - [   |        |                                      |   |                    |        |                                       |           | osed of<br>converti  |  |                |          | Owned   |   |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security      | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 4.<br>Transactio<br>Code (Inst<br>8) |   | 5. Number<br>on of |        | 6. Date Ex<br>Expiration<br>(Month/Da | ercis     | able and   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                | curity   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transactie<br>(Instr. 4) | s<br>Ily  | 10.<br>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                     |           | Expiration<br>Date   | Title  | or<br>Ni<br>of | umber    |   |   |   |  |                                       |
| Dividend<br>Equivalent<br>Rights  | (1)  | 08/28/2024                                 |   |        | Α                                    |   | 74                 |        | (1)                                   |           | (1)  | Common<br>Stock,<br>par value<br>\$0.01  |                | 74       | \$0   | 1,506   |   | D  |                                       |
| Explanatio  | n of Respons   | es:  |   |        |                                      |   |                    |        |                                       |           |  |  |                |          |   |   |   |  |                                       |

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

08/29/2024

\*\* 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.