FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CURITIES AND	EXCHANGE	COMMISSION
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OMB APPROVAL									
OMB Number:	3235-0287								

0.5

Estimated average burden hours per response:

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

Check this box to indicate that a transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-1(c).
See Instruction 10

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1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
McSally Michael J													1	Directo	or		10% Ov	vner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/28/2024									Officer below)	(give title		Other (s below)	specify
2340 CORPORATE CIRCLE																		
SUITE 200				4. 1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)				-								Li	ine)	F (
HENDERSON NV 89074												Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(8	itate)	(Zip)															
		Tab	e I - Non-Deri	vative	Sec	curitie	es Ac	quired,	Dis	osed	of, or Be	nefici	ally O	wnec	t			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4		4 and Securitie Benefici		es For ially (D)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	Amount (A) or (D)		, т	Transaction(s) (Instr. 3 and 4)				msu. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		n of		6. Date Exercisal Expiration Date (Month/Day/Year		Amount of		f g Security	Deriv Secu (Inst		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares						
Dividend Equivalent Rights	(1)	08/28/2024		A		91		(1)		(1)	Common Stock, par value \$0.01	91	9	\$0	3,020		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

08/29/2024

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.