FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| /ashington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

| | OMB APPROVAL | | | | | | | | | | |
|--|---|-----|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | | |
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|---|---|--|---|---------|---|---|--------------|-----------|--|---------------|----------------|---|------------|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Perez-Tenessa Alejandro | | | | | 2. Issuer Name and 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) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023 | | | | | | | | | Off | icer (give ow) | title | Other (s below) | - |
| 2340 CORPORATE CIRCLE SUITE 200 | | | | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | RSON N | ١V | 89074 | | | | | | | | | | | | Fo | , | | an One Repo | |
| (City) | (| State) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | ed to | | | | |
| | | Tal | ole I - No | n-Deriv | ative | Sec | uritie | es Ac | cqui | ired, D | ispos | sed c | of, or B | eneficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) Execution | | cution Date, | | r, Transaction Dispose Code (Instr. 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, | | d Secu Bene | nount of rities ficially ed Followi | Fori (D) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | ď | Code | / An | nount | (A) (D) | or Price | Tran | saction(s) c. 3 and 4) | | | msu. 4) |
| | | | Table II - | | | | | | | | | | | neficiall arities) | y Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | Date, Transacti Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | Amount of | | of s ng e Security | 8. Price Derivati Security (Instr. 5 | ve deriva Secur Bener Owne Follow Repo | rities ficially d wing rted action(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

(1)

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:

Dividend

Equivalent

Rights

/s/ Lori A. Brown, attorney in 08/25/2023 **fact**

\$0

17

** Signature of Reporting Person Date

Stock,

par valu \$0.01

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).

08/23/2023

** 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.