FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

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

Name and Address of Reporting Person*     Mutschink John M.			2. Issuer Name and Ticker or Trading Symbol Employers Holdings, Inc. [ EIG ]							5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owne						
(Last)	(Fir	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/30/2024							belov	,	Other below) Admin Officer	
SUITE 200			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	RSON NV	7 8	39074	)74									X Form filed by One Reporting Person Form filed by More than One Report Person			
(City)	(Sta	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication											
					C	heck thatisfy the	nis box to indic ne affirmative o	ate that a	a trans	action was ma	ade pursua b5-1(c). Se	int to a co ee Instruc	ntract, instr tion 10.	uction or writt	en plan that is into	ended to
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Ber	neficia	lly Own	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)		Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3)				4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
					Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)		(Instr. 4)			
Common Stock, par value \$0.01		01/30/2024				A		6,033	A	\$0	1'	7,444	D			
Common Stock, par value \$0.01		01/30/2	2024			F		1,641	D	\$41.8	3 1:	5,803	D			
		Tai								osed of, convertible			/ Owne	d		

**Explanation of Responses:** 

Remarks:

/s/ Lori A. Brown, attorney in

Title

Amount Number of Shares

01/31/2024

fact

Expiration Date

\*\* 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).

Code

(A) (D)

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.

Date Exercisable