FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
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

1. Name and Address of Reporting Person* Nelson John P (Last) (First) (Middle)				- <u>Er</u>	Suer Name and Ticker or Trading Symbol Employers Holdings, Inc. [EIG] Date of Earliest Transaction (Month/Day/Year) 12/27/2017								Directo Officer below)	able) r (give title	10 ⁰ Oth	son(s) to Issuer 10% Owner Other (specify below) in Officer		
10375 PROFESSIONAL CIRCLE (Street) RENO NV 89521 (City) (State) (Zip)				- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)) X Form fi Form fi	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Oily)	(0			n-Deri	ivativ	e Se	curi	ties Acc	nuired	Die	enosed of	or Ber	eficiall	v Owned				\dashv
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			action	tion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			(A) or	5. Amount of Securities Beneficially Owned Following			Indirect Beneficia Ownershi	Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4			(Instr. 4)	(Instr. 4)
Common Stock, par value \$0.01			12/27	7/2017	,			М		3,400	A	\$24.2	20,377		D			
Common Stock, par value \$0.01		12/27	7/2017				S		3,400(1)	D	\$44.56	2) 16,977		D				
Common Stock, par value \$0.01												48,	.849	I	John P. Nelson and Shelli- Marie Nelson Family Trust			
			Table II								osed of,			Owned	,		,	
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)		ed Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Owner Form: Direct or Indi (I) (Ins	ship of Indir Benefic (D) Owners rect (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)		Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)		
Employee Stock Option (right to buy)	\$24.2	12/27/2017			М			3,400 ⁽¹⁾	(3)		03/10/2022	Common Stock, par value \$0.01	3,400	\$0	3,400	D		

Explanation of Responses:

- 1. The options exercised were part of a 10b5-1 plan filed by the officer.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions. The reporting person undertakes to provide to Employers Holdings, Inc.("EHI"), any security holder of EHI or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The option is fully vested and immediately exercisable.

Remarks:

/s/ John P. Nelson

12/28/2017

** 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.