| SEC Form 4 | |
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| FORM | 4 |

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
|---|
| Instruction 1(b). |

| | Check this box to indicate that a |
|--|---------------------------------------|
| And and a second se | 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. |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APP | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |

Estimated average burden hours per response: 0.5

| | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|---|---|-------------------------------------|--------------------------|--|--|--|
| DURNE KEVIN UERARD | | 2 | [| 1 | Director | 10% Owner | | | |
| (Last) (First) (Middle) 1195 RIVER ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | 1 | Officer (give title below) | Other (specify below) | | | |
| | | (| 11/15/2024 | | President & Chief Exec Officer | | | | |
| P.O. BOX 302 | | | | | | | | | |
| (2) () | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing (| (Check Applicable | | | |
| (Street) MARIETTA | PA | 17547 | | V | Form filed by One Report | 0 | | | |
| | | | | | Form filed by More than (Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|-------------------------------------|--|---|------------------------------|---|--------|---------------|----------------------------|---|---|----------------|
| | | (Month/Day/rear) | | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (i) (iiisu: 4) | (Instr. 4) |
| Class A Common Stock ⁽¹⁾ | 11/15/2024 | | J | v | 33 | Α | \$15.96 | 3,116 | Ι | 401(k) Plan |
| Class A Common Stock | | | | | | | | 10,710 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (e.g., pt | 115, 56 | ans, v | varie | ants, | options, c | Unvertib | 10 30 | cunics |) | | | |
|---|---|--|---|------------------------------|--------|-------------|---------------------------|--|--------------------|-------|---|---|--|--|--|
| 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) | | of Deriv | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | te | Deriv | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Dividend Reinvestment Plan

Remarks:

Jeffrey D. Miller, by power of 11/19/2024

attorney ** 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.