FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL										
OMB Number:	3235-0287									
Catimated average burden										

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 transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursu or Section 30(h) of the Investment Company Act of 1940

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5	
	Estimated average bur	den
Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934	hours per response:	0.5
or Section 30(h) of the Investment Company Act of 1940		

defense 1(c). Se	e conditions of ee Instruction 1	0.			2 100	uor Na	ama and	Tiek	or or Tr	adina	Symbol		1,	- Dole	tionobir	of Donorti	ng Porson(s)	to loguer
1. Name and Address of Reporting Person DEAS NOLAND RONE JR						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]									Office - /-i 4itle Others			% Owner
(Last) 1195 RIV	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024									Officer (give title other (specify below) Senior Vice President								
(Street) MARIETTA PA 17547						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)						Person												
		Table	I - No	n-Deriva	ative	Secu	rities A	Acq		Dis	posed of	, or B	enefic	ially	Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Dat			,	3. Transaction Code (Instr. r) 8)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t of Indirect ct Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	е	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A C	Common St	ock ⁽¹⁾		06/03/2	2024				J	V	7	A	\$13	3.25	5 1,089		I	401(k) Plan
Class A C	Common St	ock ⁽²⁾		08/15/2	2024				J	V	13	A	\$14	4.92	92 1,102		I	401(k) Plan
Class A C	Common St	ock													1,451		D	
		Tal									osed of, convertib				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if any e of vative (Month		emed 4. tion Date, Tran		ansaction of Der Sec Acc (A) Dis of (Instr.		ive ies ed	6. Date Exerc Expiration Da (Month/Day/\)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	erivative ecurity nstr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Insi	(D) Benefici Ownersh rect (Instr. 4)
					Code	v	(A) (I	D)	Date Exercis	able	Expiration Date		Amount or Number of Shares					

Explanation of Responses:

- $1. \ Shares \ acquired \ in \ 401(k) \ plan \ through \ payroll \ deduction \ and \ employer \ matching \ contributions$
- 2. Dividend Reinvestment Plan

Remarks:

Jeffrey D. Miller, by power of attorney ** Signature of Reporting Person

08/20/2024 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.