FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomana	. 0.5								

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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	0																			
Name and Address of Reporting Person* SCHATZ BRITTA HARRIS						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>SCHA</u>	IZ DIXII	IA HAIMIS			1									1	✓ Director			10% Owner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/19/2024									Officer (give title Other (specify below) below)					
1195 RIVER ROAD					12/	12/17/2024														
1175 KIVEK KOAD																				
,		4. 11	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)					1										_	filed by One	Ren	ortina Perso	n I	
MARIE	ΓTA PA	A	17547		1										Form filed by One Reporting Person Form filed by More than One Reporting					
					1										Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Acc	quired,	Disp	osed o	of, or B	ene	ficiall	y Owned	t				
1. Title of	Security (Ins	tr. 3)		2. Transa	ection		2A. Deem		3.	rities Acquired (A) or			5. Amou		6. Ownership		7. Nature			
Date					Execut Day/Year) if any			ecution Date,		Transaction Code (Instr. 5		sed Of (D) (Instr. 3,			Securiti Benefici				of Indirect Beneficial	
(Mi				(Month)			(Month/Day/Year				",				Owned I	Following (I) (I		nstr. 4)	Ownership	
									0.4	.,		(A)	or	D. J.		Reported Transaction(s)			(Instr. 4)	
									Code	V	Amount	(D)		Price	(Instr. 3					
Class A Common Stock															5	500		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed	1 4			5. Num	nber (6. Date Exe	ercisa	ble and	7. Title a	ınd		8. Price of	9. Number	r of	10.	11. Nature	
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any					ransaction ode (Instr.				Expiration (Month/Day					Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	tr. 3) Price of \ \ (Month/Day/\						Securities		(Month/Day	y/ real)	Underlying			(Instr. 5)	Beneficially		Direct (D)	Ownership	
	Derivative Security							Acquired (A) or		Derivative S (Instr. 3 and						Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Security						Disposed		(mail: 5 and 4)				"		(., (
							of (D) (Instr. 3, 4			l				Transaction(s) (Instr. 4)	on(s)					
					and 5)			"								· '				
													Ar	nount						
												l	or	umber						
						١.,	 		Date		piration	 	of	۱ ا						
				C	ode	٧	(A)	(D) I	Exercisable	e D	ate	Title	Sh	nares						
Ontions	\$15.76	12/19/2024			,		4,500		07/01/2025	. ,,	2/19/2029	Class A		.500	\$0	4,500		D		
Options	φ13.70	12/19/2024		- 1	A		4,300		07/01/2023	' ¹	17/2029	Commo	' '	,,,,,,,,,,	φ U	4,300		ש	1	

Explanation of Responses:

Remarks:

<u>Jeffrey D. Miller, by power of attorney</u>

12/20/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).