FORM 4

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

Washington, D.C. 20549

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Machinaton	$D \subset \mathcal{A}$	0540	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								

0.5

hours per response:

	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-

## 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

1(0). 36	ee Instruction 1	0.																		
1. Name and Address of Reporting Person*  DONEGAL MUTUAL INSURANCE						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC DGICA								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												•			Direc	tor	V	10% O	wner	
<u>CO</u>					<u> </u>											er (give title		Other (	specify	
-						3. Date of Earliest Transaction (Month/Day/Year)									belov	V)		below)		
(Last) (First) (Middle)					08/2	08/28/2024														
1195 RIVER ROAD																				
P.O. BOX	X 302				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														1	Form	filed by One	e Rep	orting Pers	on	
MARIET	TTA PA	. 1	7547												Form Perso	filed by Mo	re tha	ın One Rep	orting	
(City)	(St	ate) (Ž	Zip)																	
		Table	I - N	on-Deriva	tive	Secui	rities	Acc	quire	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/					Execution Date,		·	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				4 and 5) Secur Benef Owne		rities Fo ficially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			orted nsaction(s) tr. 3 and 4)			(Instr. 4)	
Class A C	Common St	ock		08/28/20	24			P		6,000	A	\$15.0	244	12,247,299			D			
Class A Common Stock 08/29/202					)24			P		5,392	A	\$15.1	.1381 12,		,252,691		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year)				ransaction of ode (Instr. Derivative		vative prities pired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

Remarks:

Jeffrey D. Miller, EVP & **Chief Financial Officer** 

08/30/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.