SEC For	m 4																		
	FORM	4 U	NIT	ED STA	TES	SEC			ES A		EXCHAI	NGE	CON	IMISSI				. / А 1	
Section obligati	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		ST		d pursu	TOF CHANGES IN BENEFICIAL OWNERSHIP									OME Estir	OMB APPROVAL OMB Number: 3235-026 Estimated average burden hours per response: 0			
transac contrac for the securiti intende defense	this box to indi ction was made ct, instruction o purchase or sa ies of the issue ed to satisfy the e conditions of ee Instruction 1	e pursuant to a r written plan ile of equity r that is e affirmative Rule 10b5-			or S	ection :	30(h) c	of the	Investr	nent C	company Act o	of 1940							
1. Name and Address of Reporting Person* <u>DONEGAL MUTUAL INSURANCE</u>														5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 10% Owner					
<u>CO</u>														Officer (give title Other (specify below) below)					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024									0w)	Delow)			
P.O. BOX 302						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)														Form filed by One Reporting Person					
MARIETTA PA 17547															Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
		Table	e I - N	on-Deriva	ative	Secu	rities	Aco	quire	d, Di	sposed of	, or E	Benefic	cially Ow	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Year)	med on Date, Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		ed (A) or tr. 3, 4 an	id 5) Sec Ben Owr	mount of urities eficially ied Following	Forn (D) o	m: Direct or Indirect nstr. 4)	7. Nature of Indirec Beneficia Ownershi (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Trai	 Reported Transaction(s) (Instr. 3 and 4) 				
Class A Common Stock 12/06/202						24			Р		10,000	A	\$16 .	3997 1:	2,786,126		D		
Class A Common Stock 12/06/202						24			Р		260,000	A	\$16.	672 1	3,046,126		D		
		Та	ble II								oosed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date,	4.	action			6. Date Exe Expiration I (Month/Day		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price o Derivativ Security (Instr. 5)		i Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4	
					Code	v	(A)	(D)	Date	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

Remarks:

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

12/09/2024

** 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.