## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20049													

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average but	urden						

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 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.

## 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. Name and Address of Reporting Person* HOFFMAN CHRISTINA MARIE						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [ DGICA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last) (First) (Middle) 1195 RIVER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024								Officer (give title below)  Sr. VP & Chief Risk Officer						
P.O. BOX 302  (Street)  MARIETTA PA 17547					4.1	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 Person					
(City)	(S	<u> </u>	(Zip)																
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		, Transaction Dispose Code (Instr. 5)		of, or Beneficial ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	r Price	Reporte Transa (Instr. 3	ction(s)			Instr. 4)	
						/2024		M S		30,000	_	\$14.9 \$15.3	_	4,289					
4 7111 - 6	l.		`	Deriva e.g., p	tive outs,	Sec	ls, w	arrants	, optior	ıs, c	osed of, onvertil	or Ben	eficially urities)	Owned	,			Lane	
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	Date,	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e O s Fe ally D or g (I)	wnership orm: irect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Options	\$14.98	11/14/2024			М			30,000	07/01/202	20   1	2/19/2024 Class A Common Stock 30		30,000	\$14.98	0		D		

**Explanation of Responses:** 

Remarks:

Jeffrey D. Miller, by power of attorney

11/15/2024

\*\* 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.