FORM 4	UNITED STA	ATES SECURITIES AND EXCHANGE C Washington, D.C. 20549				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	ENT OF CHANGES IN BENEFICIAL OW ed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940	BENEFICIAL OWNERSHIP         ecurities Exchange Act of 1934         nt Company Act of 1940         building Symbol         5. Relationship of Reporting Person(s) to Issuer			
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.						
1. Name and Address of Reporting Per DONEGAL MUTUAL IN		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>DONEGAL GROUP INC</u> [ DGICA ]	(Check all applica	ble)		
CO			Director Officer (		10% Owner Other (speci	
 		3. Date of Earliest Transaction (Month/Day/Year)	below)	give lille	below)	
(Last) (First)	(Middle)	09/05/2024				
1195 RIVER ROAD						
P.O. BOX 302		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Jo Line)	pint/Group Filing	(Check Applic	
(Street)		_	V Form file	ed by One Repo	rting Person	
MARIETTA PA	17547		Form file Person	ed by More than	One Reporting	

P.O. BOX 302			4. If Amendment, Date	e of Original Fil	ed (Month/Day/Year)	6. Indiv Line)	/idual or Joint/Grou	up Filing (Check	Applicable
(Street) MARIETTA	PA	17547				1	Form filed by Or Form filed by Mo Person		
(City)	(State)	(Zip)							
		Table I - Non-Deriv	ative Securities Ad	cquired, Di	sposed of, or Benef	icially	Owned		
4 Title - 6 O		2 Transat	an 24 Deemed	2	4. Convertition A service of (A)		E Amount of	C. Ourranshin	7 Nature

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Class A Common Stock	09/05/2024		Р		4,889	A	\$15.3161	12,283,760	D	
Class A Common Stock	09/06/2024		Р		3,700	A	\$15.0664	12,287,460	D	
Class A Common Stock	09/06/2024		Р		30,000	A	\$15.236	12,317,460	D	
Class B Common Stock								4,708,570	D	
	Table II - Derivative S	ecurities Acq	uired,	Dis	posed of,	or Bei	neficially (	Dwned	*	

			(e.g., pı	uts, ca				options, o					-		
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)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

Jeffrey D. Miller, EVP & Chief Financial Officer

09/09/2024

3235-0287

Other (specify below)

0.5

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.