| SEC Form 4 | |
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| EODM | |

FORM 4

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Check this box to indicate that a transaction was made pursuant to a

| UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|--|
| Washington, D.C. 20549 |
| |
| 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

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

hours per response: 0.5

| intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10. | | |
|--|--|--|
| 1. Name and Address of Reporting Person [*] <u>DONEGAL MUTUAL INSURANC</u> <u>CO</u> | E 2. Issuer Name and Ticker or Trading Symbol <u>DONEGAL GROUP INC</u> [DGICA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 10% Owner Officer (give title Other (specify |
| (Last) (First) (Middle) 1195 RIVER ROAD | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024 | below) below) |
| P.O. BOX 302 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) |
| (Street) MARIETTA PA 17547 | | Form filed by More than One Reporting Person |
| (City) (State) (Zip) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 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 | 09/11/2024 | | Р | | 8,390 | A | \$14.9956 | 12,337,025 | D | |
| Class A Common Stock | 09/12/2024 | | Р | | 8,904 | A | \$15.1159 | 12,345,929 | D | |
| Class B Common Stock | | | | | | | | 4,708,570 | 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) | 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) | | 5. Number of | | 6. Date Exerc Expiration Da (Month/Day/\ | and 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) | Ownership | 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

09/13/2024

** 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.