FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 2	20549			

OMB APF	PROVAL						
OMB Number:	3235-0287						
Estimated average	rage 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-

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Shook Ellyn					2. Issuer Name <b>and</b> Ticker or Trading Symbol Baldwin Insurance Group, Inc. [ BWIN ]								(Cr	5. Relationship of Reporti (Check all applicable)			, ,		
					1										✓ Direct			10% Ov	-
(Last) (First) (Middle) C/O THE BALDWIN INSURANCE GROUP, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025										Officer (give title below)		Other (s below)	specify	
4211 W. BOY SCOUT BLVD., SUITE 800					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) TAMPA	FL	3	3607												Form	i filed by One		•	
(City)	(St	ate) (Z	<u>Z</u> ip)												Perso	on			
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	Ily Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date		Date,	Code (Instr.					Securi Benefi Owned	rities Fo ficially (D d Following (I)		orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)		Price	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Class A (	Common St	ock		01/01/	2025		A		614		A	\$ <mark>0</mark>	8	8,833		D			
		Tal									osed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		e of ivative (Month/Day/Year)		emed on Date, Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisa	Date Expiration Exercisable Date		Title	or Nur of	ount nber res					

**Explanation of Responses:** 

Remarks:

/s/ Seth Cohen, as Attorneyin-Fact, for Ellyn Shook

01/03/2025

\*\* 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.