Instruction 1(b).

FORM 4

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

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

Washington,	D.C. 2	0549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person*     Parasuraman Sunita				2. Issuer Name and Ticker or Trading Symbol Baldwin Insurance Group, Inc. [ BWIN ]									heck all app	tionship of Reporting all applicable) Director Officer (give title below)		10% Ov	/ner		
	(Last) (First) (Middle) C/O THE BALDWIN INSURANCE GROUP, INC. 4211 W. BOY SCOUT BLVD., SUITE 800				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024												Other (specify below)		
4211 W.	BOY SCO		1 E 800	[	4. If A	mend	ment,	Date of	f Origina	l Filed	d (Month/Da	y/Yea	r)	6. Lir		r Joint/Grou	p Filin	g (Check A	pplicable
(Street) TAMPA	FL	. 3	3607												Form	filed by Mo		orting Person	
(City)	(St	ate) (2	Zip)																
		Table	I - Non-De	erivat	ive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				te	ay/Year) Exec		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)			es Acc Of (D)	quired (Instr	(A) or . 3, 4 a	nd Securi Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A (D	) or	Price		ed ction(s) 3 and 4)			(Instr. 4)
Class A Common Stock 10/01/				0/01/2	/2024				A		387 A		\$0	) 8	3,219		D		
		Tal	ole II - Deri (e.g								osed of, o					d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ires					

**Explanation of Responses:** 

Remarks:

/s/ Seth Cohen, as Attorney-

in-Fact, for Sunita 10/03/2024

Parasuraman

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).