FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigion,	D.C. 20049		

OMB APPROVAL 5-0287

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	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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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

Filed

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323
	Estimated average b	urden
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	
or Section 30(h) of the Investment Company Act of 1940		

intende defense	ed to satisfy the e conditions of ee Instruction 1	affirmative Rule 10b5-																	
1. Name and Address of Reporting Person* Matas Barbara Ruth				2. Issuer Name and Ticker or Trading Symbol Baldwin Insurance Group, Inc. [BWIN]								k all app	ationship of Reporting all applicable) Director Officer (give title below)		10% O	vner			
(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) 01/01/2025												Other (: below)	specify	
4211 W.	BOY SCO	JI BLVD., SUI	1E 800		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) TAMPA	FL	3	3607											V		filed by Mo		oorting Pers in One Rep	
(City)	(Sta	ate) (Z	Zip)																
		Table	I - Non	-Deriva	tive S	Secu	rities	s Acqı	uired,	Disp	osed of	or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) Exec		Deemed cution Date, ny nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,				ties Fe cially (E d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock 01/01/2					/2025				A		614	A	1	\$0 13		3,988		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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			on Date,	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 (Inst 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

Remarks:

/s/ Seth Cohen, as Attorney-

in-Fact, for Barbara Ruth

Matas

** Signature of Reporting Person Date

01/03/2025

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.

 $^{^{\}star}$ 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).