FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

	tion 1(b).	nue. See		File							es Exchan npany Act		1934			hours	per res	sponse:	0.5
1. Name and Address of Reporting Person* <u>JACOBSEN JEFFREY ALAN</u>					2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [ DGICA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					/ner	
(Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302						3. Date of Earliest Transaction (Month/Day/Year) 12/17/2020								X	below)	Officer (give title Other (speci elow) Sr. Vice President			pecify
(Street)  MARIET  (City)			17547 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	′						
		Tab	ole I - Nor	n-Deriva	ative	e Se	curities	s Acc	quired,	Dis	oosed o	f, or B	enefi	cially	/ Owned				
Dat			2. Transa Date (Month/E		ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.   5)				Securitie Beneficia	eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or P	rice	Transact	Transaction(s) (Instr. 3 and 4)			(111341.4)
Class A (	Common St	ock													14,	4,851 I 401(k) Plan			
Class A Common Stock														1	00		D		
		•	Table II - I								sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
				c	ode	e V	(A)		Date Exercisab		expiration Pate	Title	or Nur of	ımber					
Options	\$14.43	12/17/2020			A		21,000		07/01/202	1 1	2/17/2025	Class A Commor Stock	21,	000	\$0.00	21,00	00	D	

Explanation of Responses:

Remarks:

Mitchell J. Thoreson, by power of attorney

12/18/2020

\*\* 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).