FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|-------------|------|-------|--|

| Check this box if no longer subject |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|
| to Section 16. Form 4 or Form 5     |  |  |  |  |  |  |
| obligations may continue. See       |  |  |  |  |  |  |
| Instruction 1(h)                    |  |  |  |  |  |  |

## 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

| 1. Name and Address of Reporting Person*  DONEGAL MUTUAL INSURANCE  CO   |  |  |                 |                                   | Issuer Name and Ticker or Trading Symbol     DONEGAL GROUP INC [ DGICA ]      Indeed of Earliest Transaction (Month/Day/Year)     08/31/2023 |  |  |                      |  |                        |  |                |  | Check all ap<br>Dire  | ector<br>cer (give title |  | erson(s) to Is  10% O Other ( below)                   | wner       |
|--|--|--|-----------------|-----------------------------------|--|--|--|----------------------|--|------------------------|--|----------------|--|---|--------------------------|--|--|------------|
| (Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302   |  |  |                 |                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |  |  |                      |  |                        |  |                | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                          |  |  |            |
| (Street) MARIE   | ГТА РА   | . 1  | 7547            |                                   | Rul  | Rule 10b5-1(c) Transaction Indication  |  |                      |  |                        |  |                |  |   |                          |  |  |            |
| (City)   | (Sta   | ate) (Z                                    | Zip)            |                                   |  | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |                      |  |                        |  |                |  |   | nded to                  |  |  |            |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |                 |                                   |  |  |  |                      |  |                        |  |                |  |   |                          |  |  |            |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |  |  | Execution Date, |                                   | ate,   | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acqu<br>Disposed Of (D) (I  |  | s Acqui<br>f (D) (In | red (A) or<br>str. 3, 4 aı   | nd Secu<br>Bene<br>Own | Securities F<br>Beneficially (   |                | m: Direct  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                          |  |  |            |
|  |  |  |                 |                                   |  |  |  |                      | Code   | v                      | Amount   | (A) o<br>(D)   | r<br>Price   | Tran  | action(s)<br>. 3 and 4)  |  |  | (111511.4) |
| Class A Common Stock 08/31   |  |  | 08/31/2         | 023                               |  |  |  | P                    |  | 3,074                  | A  | \$14.          | 612 12,064,404   |   |                          | D  |  |            |
| Class A Common Stock 09/01/2   |  |  | 09/01/2         | 023                               |  |  |  | P                    | P 7,078 A  |                        | \$14.  | 761 12,071,482 |  |   | D                        |  |  |            |
| Class B Common Stock   |  |  |                 |                                   |  |  |  |                      |  |                        |  |                | 4  | 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<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 3. Transaction<br>Date<br>(Month/Day/Year) | if any          | emed<br>tion Date,<br>n/Day/Year) | 4.<br>Transa<br>Code (<br>8)   | (Instr.  | Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                      | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date |                        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |                | 8. Price o<br>Derivative<br>Security<br>(Instr. 5)   |   | y                        | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |            |

Explanation of Responses:

Remarks:

Jeffrey D. Miller, EVP & **Chief Financial Officer** 

09/05/2023

\*\* 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.