FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

| STATEMENT | OF | CHANGES | IN BE | NEFICIAL | <b>OWNERS</b> | HIP |
|-----------|----|---------|-------|----------|---------------|-----|
|           |    |         |       |          |               |     |

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

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

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

| Name and Address of Reporting Person*     HESS JACK LEE                                                                                                                                                                    |                                                                                                                                              |         |                                                                                        |          | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [ DGICA ]                 |                                                          |                                                                                                  |              |                    |                                           |                          |                                                 | k all app<br>Direc                                                | tor                                                                | ng Per        | 10% O                 | wner    |             |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|--------------------|-------------------------------------------|--------------------------|-------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|---------------|-----------------------|---------|-------------|----------|
| (Last) (First) (Middle) 1195 RIVER ROAD                                                                                                                                                                                    |                                                                                                                                              |         |                                                                                        |          | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2020                             |                                                          |                                                                                                  |              |                    |                                           |                          |                                                 | Office<br>below                                                   | er (give title<br>/)                                               |               | Other (<br>below)     | specify |             |          |
| P.O. BOX 302                                                                                                                                                                                                               |                                                                                                                                              |         |                                                                                        |          |                                                                                         | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                                                                                  |              |                    |                                           |                          |                                                 | 6. Individual or Joint/Group Filing (Check Applicable Line)       |                                                                    |               |                       |         |             |          |
| (Street)                                                                                                                                                                                                                   |                                                                                                                                              |         |                                                                                        |          |                                                                                         |                                                          |                                                                                                  |              |                    |                                           |                          |                                                 |                                                                   | X                                                                  | Form          | filed by On           | e Repo  | orting Pers | on       |
| MARIET                                                                                                                                                                                                                     | TTA PA                                                                                                                                       | . 1     | 7547                                                                                   |          |                                                                                         |                                                          |                                                                                                  |              |                    |                                           |                          |                                                 |                                                                   |                                                                    | Form<br>Perso | filed by Mo<br>on     | re thar | n One Rep   | orting   |
| (City)                                                                                                                                                                                                                     | (St                                                                                                                                          | ate) (Z | Zip)                                                                                   |          |                                                                                         |                                                          |                                                                                                  |              |                    |                                           |                          |                                                 |                                                                   |                                                                    |               |                       |         |             |          |
|                                                                                                                                                                                                                            |                                                                                                                                              | Table   | I - No                                                                                 | n-Deriva | tive S                                                                                  | Secu                                                     | rities                                                                                           | Acq          | uired,             | Dis                                       | posed of                 | , or B                                          | enefi                                                             | icially                                                            | Own           | ed                    |         |             |          |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                                                                                                                                                              |                                                                                                                                              |         | Execution Date,                                                                        |          | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) |                                                          |                                                                                                  | 4 and Securi |                    | ities Folicially (D                       |                          | : Direct<br>r Indirect<br>str. 4)               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                                                    |               |                       |         |             |          |
|                                                                                                                                                                                                                            |                                                                                                                                              |         |                                                                                        |          |                                                                                         |                                                          |                                                                                                  |              | Code               | v                                         | Amount                   | (A) (D)                                         | Pri                                                               | се                                                                 | Transa        | action(s)<br>3 and 4) |         |             | (msu. 4) |
| Class A Common Stock 08/20/2                                                                                                                                                                                               |                                                                                                                                              |         |                                                                                        |          | 2020                                                                                    |                                                          |                                                                                                  |              | P                  |                                           | 2,000                    | A                                               | \$1                                                               | 13.55                                                              | 50            | ),796                 |         | 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)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year) |                                                                                                                                              |         | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                          |                                                          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |              | Dei<br>Sec<br>(Ins | Price of<br>rivative<br>curity<br>str. 5) | derivative<br>Securities | Owners Form: Direct (i) Or Indirect (ii) (Insti | Ownership                                                         | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |               |                       |         |             |          |
|                                                                                                                                                                                                                            |                                                                                                                                              |         |                                                                                        |          | Code                                                                                    | v                                                        | (A)                                                                                              | (D)          | Date<br>Exercis    | able                                      | Expiration<br>Date       | Title                                           | of<br>Shares                                                      | - 1                                                                |               |                       |         |             |          |

**Explanation of Responses:** 

Remarks:

Jeffrey D. Miller, by power of <u>attorney</u>

08/21/2020

\*\* Signature of Reporting Person

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.