FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO               | VAL       |  |  |  |  |
|---|-------------------------|-----------|--|--|--|--|
|   | OMB Number:             | 3235-0287 |  |  |  |  |
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|   | 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

| 1. Name and Address of Reporting Person*  MILLER JEFFREY DEAN |  |   |             |           |                             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ] |       |   |                                    |   |                     |      |                 |                      | (Check all ap  |  | olicable)<br>ctor   |  | Owner          |  |  |
|---|--|---|-------------|-----------|-----------------------------|---|-------|---|------------------------------------|---|---------------------|------|-----------------|----------------------|--|--|---|--|----------------|--|--|
| (Last)<br>1195 RIV  | Last) (First) (Middle) 195 RIVER ROAD  |   |             |           |                             | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015                     |       |   |                                    |   |                     |      |                 |                      | X  | Officer (give title below)  EVP & Chief F      |   | Other (specify<br>below)<br>Financial Officer                      |                |  |  |
| (Street)  MARIETTA PA 17547  (City) (State) (Zip)             |  |   |             |           | 4. If                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |       |   |                                    |   |                     |      |                 |                      | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |   |  |                |  |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |             |           |                             |   |       |   |                                    |   |                     |      |                 |                      |  |  |   |  |                |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D      |  |   |             | Day/Year) |                             | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                     |       | 3.<br>Transaction<br>Code (Instr.<br>) 8) |                                    |   |                     |      |                 |                      | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following  |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |                |  |  |
|   |  |   |             |           |                             |   |       |   |                                    | v | Amount              |      | (A) or<br>(D)   | Price                |  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |  | (Instr. 4)     |  |  |
| Class A C   | ommon Sto  | nmon Stock <sup>(1)</sup> 05/15/2015 J V 3 A \$14.99 26,545 I |             |           |                             |   |       |   |                                    | I | 401(k)<br>Plan      |      |                 |                      |  |  |   |  |                |  |  |
| Class A Common Stock <sup>(1)</sup> 08/17                     |  |   |             |           | /2015                       |   |       |   | J                                  | v | 247                 |      | A               | \$14.73              |  | 26,792   |   | I  | 401(k)<br>Plan |  |  |
| Class A Common Stock  |  |   |             |           |                             |   |       |   |                                    |   |                     |      |                 |                      |  | į  | 5,745   | D  |                |  |  |
| Class B C   | ommon Sto  | mon Stock 106 D   |             |           |                             |   |       |   |                                    |   |                     |      |                 |                      |  |  |   |  |                |  |  |
| Class B C   | ommon Sto  | ock   |             |           |                             |   |       |   |                                    |   |                     |      |                 |                      |  | 477 I 401(k)<br>Plan                           |   |  |                |  |  |
|   |  | Та  | ble II - I  |           |                             |   |       |   |                                    |   | sed of,<br>onvertib |      |                 |                      |  | wned   |   |  |                |  |  |
| 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)                    | Execution D |           | Date, Transaction Code (Ins |   | on of |   | 6. Date E<br>Expiratio<br>(Month/D | • | Amount of           |      | str. 3          | Deri<br>Sec<br>(Inst | rice of<br>vative<br>urity<br>tr. 5)   | derivative<br>Securities                       | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                |  |  |
|   |  |   |             |           | Code                        | v   | (A)   | (D)                                       | Date<br>Exercisal                  |   | Expiration<br>Date  | Titl | or<br>Nur<br>of | ount<br>nber<br>ires |  |  |   |  |                |  |  |

## **Explanation of Responses:**

1. Dividend Reinvestment Plan

Jeffrey D. Miller, EVP & Chief 08/21/2015 **Financial Officer** 

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.