SEC Form 4

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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | |
|--------------------------|-----------|--|--|--|--|
| Estimated average burden | | | | | |
| hours per respons | e: 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

| | | | | | | p | | | | | | |
|--|----------------|---------------|---------------------|--|------------------|---|--------------------------------------|--|------------------|---------------|--|--|
| 1. Name and Address of Reporting Person* KRAFT KEVIN MICHAEL SR | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| KRAFI KE | VIN MICH | <u>AEL SR</u> | | | | | X Director | | 10% 0 | Dwner | | |
| (Last) 1195 RIVER R | (First) OAD | (Middle) | 3. Date 12/16, | e of Earliest Transac /2021 | ction (Month/E | ay/Year) | | Officer (give title below) | Other below | (specify) | | |
| P.O. BOX 302 | | 4. If An | nendment, Date of (| Original Filed | (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | X | Form filed by On | e Reporting Pers | son | | |
| MARIETTA | PA | 17547 | | | | | | Form filed by Mo Person | re than One Rep | oorting | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa | | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A | red (A) or 5. Amount of 6. Ownership | | | 7. Nature | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. | | 5) | | | | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|----------------------|--------------------------|---|--------------|---|--------|---------------|-------|------------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Class A Common Stock | | | | | | | | 11,436 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 7. Title and 11. Nature 1. Title of 3. Transaction 3A. Deemed 8. Price of 9. Number of 5. Number 10. Date (Month/Day/Year) Derivative Security (Instr. 3) Conversion or Exercise Price of Transaction Code (Instr. 8) Amount of Securities Underlying Derivative Security (Instr. 5) Ownership Form: Direct (D) Expiration Date (Month/Day/Year) derivative Securities of Indirect Beneficial Execution Date if any (Month/Day/Year) Derivative Securities Beneficially Ownership Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Owned Following Reported Derivative Security Derivative Security (Instr. 3 and 4) or Indirect (I) (Instr. 4) (Instr. 4) Transaction(s) (Instr. 4) Amount or Number Date Exercisable Expiration Date Shares Code v (A) (D) Title Class A 4,500 12/16/2021 \$14.39 07/01/2022 12/16/2026 \$0.00 4.500 Options A 4.500Commor D Stock

Explanation of Responses:

Remarks:

Mitchell J. Thoreson, by power 12/17/2021

of attorney

** 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.