FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPI | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | urden |

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

hours per response: 0.5

| | | | | | | | | | | _ | | | | | | | | | | | | |
|--|---|--|---|---------|---------------------------|---|---|------------|----------------------------|--------------------------|-----------|--|---|---------------|--|---|--|--|---|--|---|--|
| 1. Name and Address of Reporting Person* GLATFELTER PHILIP H II | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | | X | Directo | or | | 10% O | wner | |
| (Last) (First) (Middle) 1195 RIVER ROAD | | | | | | Date o | | iest Trans | saction | (Mon | ith/E | Day/Year) | | | Officer below) | (give title | | Other (s below) | specify | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | |
| MARIETTA PA 17547 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tak | le I - No | n-Deriv | ative | e Se | curit | ies Ac | quire | ed, D | isp | oosed o | f, o | r Ben | eficia | lly O | wned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | (A) or 3, 4 and | 4 and Securition Benefici Owned I | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | de V | , | Amount | | (A) or (D) | Price | т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 08/10/ | | | | | | 2016 | | | N | М | | 12,000 | 0 | A | \$12 | \$12.5 | | 25,011 | | D | | |
| Class A Common Stock 08/10/ | | | | | /201 | 6 | | | | | | 12,000 | 0 | D \$16 | | 08 | 13,011 | | D | | | |
| Class B Common Stock | | | | | | | | | | | | | | | | | 3,276 | | | D | | |
| | | - | Table II - | | | | | | | | | sed of, onvertil | | | | y Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, T | ransaction ode (Instr. | | n of | | 6. Date Expira (Mont | ation E | Date | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | s Security | Deri Sec | rice of ivative urity tr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | Owr Forr Dire or Ir (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exerc | isable | | expiration Date | Title | | Amount or Number of Shares | | | | | | | |
| Ontions | #12 F | 00/10/2016 | | | | 12,000 | | 02/01 | /2012 | | 7/27/2021 | Class A | | 12.000 | | ФО О | | | D | | | |

Explanation of Responses:

Jeffrey D. Miller, by power of

08/12/2016

<u>attorney</u> ** Signature of Reporting Person

Stock

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.