Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | OMB APPROVAL | | | | | | | | | |
|-------------------|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | 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

| 1. Name and Address of Reporting Person* PANDEY SANJAY | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|--|---|--|--|-----------------------------------|---|---|---|----------------------|-----------------------------|--------|--|---------------|---|---|--|--|--------------------------------------|--|--|
| (Last) 1195 RIV P.O. BOX | (Fii /ER ROAD X 302 | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020 | | | | | | | | X | | | | | |
| (Street) MARIET (City) | ГТА РА | | 7547 Zip) | | 4. If A | Line | | | | | | | | | ividual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transact Date (Month/Day | Execu ay/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | s Acquired (A) or f (D) (Instr. 3, 4 an | | | 5. Amo Securi Benefi Owned | ties cially I Following | Forn (D) c | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) 01 (D) | Price | | Transa | saction(s) 3 and 4) | | | (Instr. 4) |
| Class A Common Stock ⁽¹⁾ 07/01/2 | | | | 07/01/2 | 020 | | | J | V | 538 | A | \$12. | 087 | 2,434 | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | 4,113 | | I | | 401(k) Plan | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Expira (Month | tion D | ate Amo Year) Sec Und Deri Sec | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rice of vative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | per | | | | | |

Explanation of Responses:

1. Employee Stock Purchase Plan

Remarks:

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

** Signature of Reporting Person

07/01/2020

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.