FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

| 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

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

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|--|---------|---|-----------|---|--|---|-----|--|---------------|--|--------|---|---|---|---------------|--|--|---------|--|
| MAHAN JON MARSHALL | | | | | | | | | | | X | Direct | tor | | 10% O | wner | | | | |
| (Last) | (Fir | , | ⁄liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022 | | | | | | | | | Office below | r (give title | | Other (below) | specify | |
| P.O. BOX | X 302 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/\) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MARIET | TA PA | . 1 | 7547 | | | | | | | | | | | X | | filed by On | | Ü | - 1 | |
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | Perso | in * | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In | | | ired (A) nstr. 3, |) or 4 and | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (A) ((D) | or Pr | ice | Transac | action(s) 3 and 4) | | | (111301. 4) | | | |
| Class A Common Stock ⁽¹⁾ 01/04 | | | 01/04/2 | 2022 | | A | | 500 | A \$14.29 | | 14.29 | 7,988 | | | 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 | | | ion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | er | | | | | | |

Explanation of Responses:

1. Grant from Directors Equity Incentive Plan

Remarks:

Mitchell J. Thoreson, by power of attorney

01/04/2022

** 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.