FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1 |                          |           |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | 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*  PANDEY SANJAY  |   |  |  |          |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ] |        |                                      |                                    |        |   |           |                              |                     | heck all b   | ship of Reportir<br>applicable)<br>rector<br>ficer (give title    |   | Issuer Owner r (specify               |
|--|---|--|--|----------|--|---|--------|--------------------------------------|------------------------------------|--------|---|-----------|------------------------------|---------------------|--|---|---|---------------------------------------|
| (Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302   |   |  |  |          |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018                     |        |                                      |                                    |        |   |           |                              |                     | A be   | low) `  | below<br>ief Info Office  | v)` ´                                 |
| (Street)  MARIETTA PA 17547  (City) (State) (Zip)  |   |  |  | 4. If Ai | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |        |                                      |                                    |        |   |           |                              | ne)<br>X F          | idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |                                       |
|  |   | Tabl                                       | e I - Nor                                    | n-Deriv  | ative S  | Secu  | rities | Acq                                  | uired,                             | Disp   | osed o  | f, or l   | 3en                          | eficia              | ally Ow  | ned   |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |  |  |          |  | Execution Date,   |        | Transaction Disposed Code (Instr. 5) |                                    |        | ties Acquired (A) or<br>Of (D) (Instr. 3, 4 and |           |                              | nd Sed<br>Bed<br>Ow | amount of<br>curities<br>neficially<br>ned Following<br>ported   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | Ownership   |                                       |
|  |   |  |  |          |  | Code  | v      | Amount                               | nt (A) or (D)                      |        | Price   | Tra       | nsaction(s)<br>etr. 3 and 4) |                     | (Instr. 4)   |   |   |                                       |
| Class A C  | /2018   | 2018                                       |  | J        | V  | 39  |        | A                                    | \$13                               | .86    | 3,791   | I         | 401(k)<br>Plan               |                     |  |   |   |                                       |
| Class A Common Stock   |   |  |  |          |  |   |        |                                      |                                    |        |   |           |                              |                     |  | 811   | D   |                                       |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |          |  |   |        |                                      |                                    |        |   |           |                              |                     |  |   |   |                                       |
| 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) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,    | Date, Transaction  |   |        |                                      | 6. Date E<br>Expiratio<br>(Month/D | n Date |   | Amount of |                              | str. 3              | 8. Price of Derivative Security (Instr. 5)   | ve derivative<br>Securities                                       | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |          | Code V   | ,   | (A) (I |                                      | Date<br>Exercisal                  |        | Expiration<br>Date                              | Title     | or                           | ount<br>nber<br>res |  |   |   |                                       |

## **Explanation of Responses:**

1. Dividend Reinvestment Plan

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

05/24/2018

\*\* 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.