FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>HESS JACK LEE</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | ck all app | olicable) | ting Pe | erson(s) to I 10% (| |
|---|---|--|---|----------|--|---|--|------|--|--------|---|---|--|--------------------------------------|---|---|---|------------------------|--|
| (Last) 1195 RIV | Last) (First) (Middle) 195 RIVER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2013 | | | | | | | | Officer (give title below) | | | e Other (s below) | | |
| (Street) MARIETTA PA 17547 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quirec | d, Dis | sposed o | f, or E | Benefic | ially | / Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Exe if ar | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | nnd Securitie Benefici Owned F | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | | | esaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Class A Common Stock ⁽¹⁾ 02/15/20 | | | | | | 13 | | | J | V | 17 | A | \$14 | .49 | 2,033 | | | D | |
| Class A Common Stock | | | | | | | | | | | | | | 10 | 10,500 | | | Retirement Plan | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/ | | Date, Transac Code (Ir | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Dividend Reinvestment Plan

Jeffrey D. Miller, by power of attorney

02/22/2013

** 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.