FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

|               | Check this box if no longer subject |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5     |
|               | obligations may continue. See       |
|               | Instruction 1(h)                    |

## 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*  DONEGAL MUTUAL INSURANCE  CO   |   |  |       |                                      | 2. Issuer Name and Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ]  3. Date of Earliest Transaction (Month/Day/Year)  05/22/2023   |      |  |                                      |                         |  |          |  |                                  | Check all ap<br>Dire  | ctor<br>er (give title   | ng Pe   | . ,  | wner  |
|--|---|--|-------|--------------------------------------|--|------|--|--------------------------------------|-------------------------|--|----------|--|----------------------------------|---|--|---|--|---|
| (Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302   |   |  |       |                                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |      |  |                                      |                         |  |          |  |                                  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting |  |   |  |   |
| (Street) MARIE   | Street)<br>MARIETTA PA 17547  |  |       |                                      | Rule 10b5-1(c) Transaction Indication  |      |  |                                      |                         |  |          |  |                                  |   |  |   |  |   |
| (City) (State) (Zip)   |   |  |       |                                      | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |      |  |                                      |                         |  |          |  |                                  |   |  |   |  |   |
|  |   | Table                                      | - No  | n-Deriva                             | tive S   | ecui | ities  | Acc                                  | juired,                 | Dis  | posed of | , or E                                     | Benefic                          | ially Ow  | ned  |   |  |   |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/   |   |  |       |                                      | Execution Date,  |      | ,  | Transaction Disposed Code (Instr. 5) |                         | es Acquired (A) or<br>Of (D) (Instr. 3, 4 an |          | nd Securities Beneficially Owned Following |                                  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |   |
|  |   |  |       |                                      |  |      |  |                                      |                         | v  | Amount   | (A) o<br>(D)                               | Price                            | Trans   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)   |   |  |   |
| Class A Common Stock 05/22/20  |   |  |       |                                      |  | 23   |  |                                      |                         |  | 5,363    | A  | \$14.0                           | 591 11,691,302  |  | D   |  |   |
| Class A Common Stock 05/23/20  |   |  |       |                                      |  | 123  |  |                                      | P                       | 4,977 A \$                                   |          | \$14.8                                     | 1.857 11,696,279                 |   |  | D   |  |   |
| Class B Common Stock   |   |  |       |                                      |  |      |  |                                      |                         |  |          | 4,7  | 4,708,570                        |   | 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) | Execu | eemed<br>ution Date,<br>th/Day/Year) | 4.<br>Transa<br>Code (<br>8)   |      | tr. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                      | 6. Date Expirat (Month) | ion Da<br>(Day/\                             |          |  | nt of<br>ities<br>lying<br>itive | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficia<br>Ownership<br>(Instr. 4) |

Explanation of Responses:

Remarks:

<u>Jeffrey D. Miller, EVP &</u> <u>Chief Financial Officer</u>

05/24/2023

\*\* Signature of Reporting Person

n 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.