FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

| | | | | | 01 - | Jecuic |) (II) OC | or the n | ivesuiieii | Con | ipariy Act | 01 1340 | | | | | | | | |
|---|---|--|---|---------|--|---|-----------|---|--|----------------------------|------------|---|-----------------------------------|---|--|--|--|--|---|--|
| 1. Name and Address of Reporting Person* GLATFELTER PHILIP H II | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| GLAIFELIER PHILIP H II | | | | | | | | | | | | | | | X Director | | 10% Ow | | vner | |
| (Last) | (Fi | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Officer below) | (give title | X | Other (s | specify | |
| 1195 RIVER ROAD | | | | | 07/ | 07/17/2008 | | | | | | | | | Chairman of the Board | | | | | |
| (Street) | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| MARIET | ΓTA PA | A | 17547 | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | n | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Sec | curities | s Acq | uired, | Disp | osed o | of, or Be | enefi | cially | Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. To Date | | | | Date | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | Reported Transact (Instr. 3 | ction(s) | | | (Instr. 4) | | | |
| Class A Common Stock | | | | | | | | | | | | | | | 9, | 123 | | D | | |
| Class B Common Stock | | | | | | | | | | | | | | 3,276 | | | D | | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble sec | | - | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Date, Transa Code (| | | | i. Date Exe Expiration Month/Day | Date | Amount of | | S (I | . Price of erivative ecurity nstr. 5) | | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code | v | (A) | | Date Exercisabl | | opiration | Title | Amo or Num of Shar | . | | | | | | |
| Options | \$17.5 | 07/17/2008 | | | A | | 7,500 | | 03/01/2009 | 9 07 | 7/17/2013 | Class A Common Stock | 7,5 | 000 | \$0 | 7,500 | | D | | |

Explanation of Responses:

Jeffrey D. Miller, by power of

<u>attorney</u>

07/17/2008

** 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.