FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| UIVIB APF | RUVAL | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average | burden | | | | | | |

0.5

hours per response:

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* HOFFMAN CHRISTINA MARIE | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | | | |
|--|--|---------|--------|-------------------------|---|---|--|---|------------------|--|-----------------|---------------|--|---|---|--|--|----------------------|---|--|--------------|--|
| (Last) (First) (Middle) 1195 RIVER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | | р | elow Sr. V | , | | below) sk Officer | | | | |
| P.O. BOX 302 | | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) MARIETTA PA 17547 | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | . 2.350 | | | | | | | |
| | | Table | I - N | on-Deriva | tive | Secur | rities | Acc | quir | ed, D |)isp | osed o | f, or | Benefic | ially O | vne | ∍d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | T | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | d (A) or r. 3, 4 and | 5. Amount of Securities Beneficially Owned Following | | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | c | ode | v | Am | ount | (A) or (D) | o) or Price | | Transaction(s) (Instr. 3 and 4) | | (111511.4) | | (IIISt | 4) | | |
| Class A Common Stock ⁽¹⁾ 01/04/2021 | | | | ı | | | | J | V | | 117 | A | \$11.9595 | | 5 3,518 | | D | | | | | |
| Class A Common Stock | | | | | | | | | | | | | | | | 257 | | I | | Ret Plan | irement n | |
| | | Tal | ble II | - Derivati (e.g., pu | | | | | | | | | | | | nec | I | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) I Transaction Code (Instr. 8) Se Ac (A) Dis of (Instr. 8) | | | | | of Derive Secur Acqui (A) or Dispo of (D) | Expiration D (Month/Day/ ecurities cquired s) or isposed f (D) sstr. 3, 4 | | | | | | ele and unt of irities erlying vative irity (Instr. d 4) | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | re Owne Form: Direct or Ind (I) (Institution(s) | | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V (A) | | (D) | Date Exercisa | | Expiration Date | | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

Employee Stock Purchase Plan

Remarks:

Mitchell J. Thoreson, by power of attorney

01/04/2021

** 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.