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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Check this box if no longer subject o Section 16. Form 4 or Form 5	ST
obligations may continue. See nstruction 1(b).	

TATEMENT 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*				2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DONEGAL MUTUAL INSURANCE										[boien	1		Direc	ctor	Χ	10% O\	wner	
CO											_		Officer (give title below)		Other (specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2022								N)		below)		
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)					
(Street)													X Form	Form filed by One Reporting Perso			on	
MARIETTA PA 17547														Form filed by More than One Re Person		One Repo	orting	
(City)	(S	tate) (2	Zip)															
		Table	l - Non	-Derivat	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Bei	nefici	ally Own	ed				
1. Title of	Security (Ins		2	-Derivat 2. Transacti Date (Month/Day	ion	2A. D Exec if any	eemed ution Date,	3. Transa Code (8)	ction	4. Securities Disposed O 5)	s Acquire	d (A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Own Form: (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of	Security (Ins		2	2. Transacti Date	ion	2A. D Exec if any	eemed ution Date,	3. Transa Code (ction	4. Securities Disposed O	s Acquire	d (A) or	5. Amo Securi Benefi Owneo Report Transa	ount of ties cially I Following	Form: (D) or I	Direct ndirect tr. 4)	of Indirect Beneficial	
	Security (Ins	str. 3)	2	2. Transacti Date	ion //Year)	2A. D Exec if any	eemed ution Date,	3. Transa Code (8)	iction Instr.	4. Securities Disposed O 5)	s Acquire f (D) (Inst	d (A) or r. 3, 4 ar	5. Amo Securi Benefi Owneo Report Transa (Instr.	ount of ties cially f Following ted action(s)	Form: (D) or I (I) (Inst	Direct ndirect tr. 4)	of Indirect Beneficial Ownership	
Class A (str. 3) tock	2	2. Transacti Date (Month/Day	ion //Year)	2A. D Exec if any	eemed ution Date,	3. Transa Code (8) Code	iction Instr.	4. Securities Disposed O 5) Amount	s Acquire f (D) (Inst (A) or (D)	d (A) or r. 3, 4 ar Price	5. Amo Securi Benefi Owneo Repor Transa (Instr. 35 11,0	ount of ties cially I Following ted ted totion(s) 3 and 4)	Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	of Indirect Beneficial Ownership	
Class A (Common St	tock	ble II - D	2. Transacti Date (Month/Day 08/15/2	ion //Year) 022 /e Se	2A. D Exect if any (Mon	eemed ution Date,	3. Transa Code (8) Code P	v Disp	4. Securities Disposed O 5) Amount 9,900 Dosed of, c	Acquired f (D) (Inst (A) or (D) A A Dr Bene	d (A) or r. 3, 4 ar Price \$15.	5. Amo Securi Benefit Ownee Report Transa (Instr. 35 11, 4,7 Iy Owne	punt of ties cially I Following ted action(s) 3 and 4) 045,393 08,570	Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	of Indirect Beneficial Ownership	

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr. I aar) 8) ((of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

Remarks:

Jeffrey D. Miller, EVP & Chief Financial Officer

08/16/2022

Date

** Signature of Reporting Person

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.