FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
bligations may continue. See	
44! 4 /l-\	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  BURKE KEVIN GERARD					2. Issuer Name <b>and</b> Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
																Director Officer (give title			10% Owner Other (specify			
(Last)	(Last) (First) (Middle)							t Trans	action (M	onth/[	Day/Year)				X	belov	,		below)			
1195 RIVER ROAD					02/	02/15/2017										President & Chief Exec Officer						
P.O. BOX 302																						
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
MARIET	TA PA	\ 1	17547												X Form filed by One Reporting Person							
															Form filed by More than One Reporting Person							
(City)	(S	tate) (	Zip)																			
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Executio			Code (	Transaction Disp Code (Instr. 5)		ecurities Acquired (A) osed Of (D) (Instr. 3,			4 and Secu Bend Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount		A) or D)	Price	9	Transa	ported ansaction(s) str. 3 and 4)			(Instr. 4)		
Class A Common Stock <sup>(1)</sup> 02/15					5/2017	/2017				V	18		A	\$17.1		2,254			I	401(k) Plan		
Class A Common Stock																1,767		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ice of vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisal		Expiration Date	Title	or	ount nber ires	er								

## **Explanation of Responses:**

1. Dividend Reinvestment Plan

Jeffrey D. Miller, by power of <u>attorney</u>

02/23/2017

\*\* 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.