FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287				
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	hours per response:	0.5				

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 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 <b>and</b> Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				
(Last) 1195 RIV	(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 04/30/2015								Officer (give title Other (spe below) below)			
(Street)  MARIETTA PA 17547  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(- 9)				n-Deriv	ative	Sec	curitie	es Acc	quired	, Dis	sposed o	f, or I	3ene	ficial	lly Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						tion 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			) or	5. Amo Securi Benefi	ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D) Prid		Price	Transa	action(s) 3 and 4)		(iiisti. 4)					
Class A Common Stock 04/30/2							015		P		125,000	) /	<b>A</b> \$	\$1 <b>5.4</b> 1	18 8,0	75,953	D		
Class B Common Stock															4,2	247,039	D		
		Та									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		(	3. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	ber					

**Explanation of Responses:** 

Jeffrey D. Miller, EVP & Chief 05/04/2015 Financial Officer

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).