FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |  |
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| 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

OMB APPROVAL 3235-0287 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*  MILLER JEFFREY DEAN |  |     |                                   |             | 2. Issuer Name and Ticker or Trading Symbol  DONEGAL GROUP INC [ DGICA ] |  |   |                             |                     |  |  |   |                                   |   | k all app<br>Direc<br>Office   | tor<br>er (give title   | ng Per   | 10% Ov  | vner |  |
|---|--|-----|-----------------------------------|-------------|--|--|---|-----------------------------|---------------------|--|--|---|-----------------------------------|---|--|---|--|---|------|--|
| (Last)<br>1195 RIV<br>P.O. BOX                                | (Fir<br>VER ROAD<br>X 302  | ,   | Middle)                           |             | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020              |  |   |                             |                     |  |  |   |                                   |   | belov<br>EVP   | w Chief F   | inan   | below)<br>cial Offic  | er   |  |
| (Street) MARIET   |  |     | 7547<br>Zip)                      |             | 4. If <i>i</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                             |                     |  |  |   |                                   |   | Form<br>Form   | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |      |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |     |                                   |             |  |  |   |                             |                     |  |  |   |                                   |   |  |   |  |   |      |  |
| 1. Title of Security (Instr. 3)                               |  |     | 2. Transact<br>Date<br>(Month/Day |             | Execu<br>Year) if any  |  | Deemed<br>cution Date,<br>ny<br>nth/Day/Year) |                             | ction<br>Instr.     | 4. Securities Acq<br>Disposed Of (D) (<br>5) |  | Acquired (A) or<br>(D) (Instr. 3, 4 and |                                   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |  |
|   |  |     |                                   |             |  |  | Code  | v                           | Amount              | (A) o  | Pric   | е                                       | Transa                            | ction(s)<br>3 and 4)  |  |   | (111501. 4)  |   |      |  |
| Class A Common Stock <sup>(1)</sup>                           |  |     |                                   | 07/01/2020  |  |  |   | J                           | V                   | 1,076  | A  | \$1                                     | 2.087                             | 13,863  |  |   | D  |   |      |  |
| Class A (   | Common St  | ock |                                   |             |  |  |   |                             |                     |  |  |   |                                   |   | 32,166 I 401(I<br>Plan   |   |  |   |      |  |
| Class B C   | Common Sto   | ock |                                   |             |  |  |   |                             |                     |  |  |   |                                   |   | 106 D  |   |  |   |      |  |
| Class B C   | Common Sto   | ock |                                   |             |  |  |   |                             |                     |  |  |   |                                   |   | 478 I 401(k)   |   |  |   |      |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |     |                                   |             |  |  |   |                             |                     |  |  |   |                                   |   |  |   |  |   |      |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any  |     | tion Date,                        | Code (Instr |  |  |   | 6. Date<br>Expira<br>(Month | tion D              |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | Dei<br>Ser<br>(Ins                | erivative<br>ecurity<br>estr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |      |  |
|   |  |     |                                   |             | Code   |  | (A)   | (D)                         | Date<br>Exercisable |  | Expiration<br>Date   | Title                                   | Amou<br>or<br>Numb<br>of<br>Share | er  |  |   |  |   |      |  |

## **Explanation of Responses:**

1. Employee Stock Purchase Plan

## Remarks:

Jeffrey D. Miller, EVP & **Chief Financial Officer** 

07/01/2020

\*\* 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.