Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL C	WNERSHIP

OME	OMB APPROVAL										
OMB Number: 3235-0287											
Estimated average burden											
hours per r	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*  DONEGAL MUTUAL INSURANCE CO  (Last) (First) (Middle)  1195 RIVER ROAD P.O. BOX 302  (Street) MARIETTA PA 17547						Issuer Name and Ticker or Trading Symbol     DONEGAL GROUP INC [ DGICA ]      Index of Earliest Transaction (Month/Day/Year)     108/29/2022  4. If Amendment, Date of Original Filed (Month/Day/Year)								Check	lationship of Reporting Person(s) to Issuer ck all applicable)  Director X 10% Owner Officer (give title below)  Dividual or Joint/Group Filing (Check Application Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date		Date,	Transaction Disposed Code (Instr. 5)		4. Securities Disposed O 5)	s Acquir of (D) (Ins	ed (A) oi str. 3, 4 a	s, 4 and Secu Ben Own		urities eficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price	. 1	Reporte Transad (Instr. 3	action(s) 3 and 4)			(111511. 4)		
Class A C	Common St	ock		08/26/2	2022			P		10,000	A	\$14	.85 11,2		210,558		D		
Class A C	Common St	ock		08/30/2	2022			P		9,619	A	\$14	.64 11,220,		20,177		D		
Class B Common Stock														4,70	08,570		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriv	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Dire or In (I) (Ii	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		or Number of Shares						

**Explanation of Responses:** 

Remarks:

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

08/31/2022

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.