FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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

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 [ DGICB ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director X 10% Owner							
(Last) 1195 RIV	(Fir	,	Middle)			ate of 30/20		st Trans	saction (Month/Day/Year)							Officer (give pelow)	title	Other ( below)		(specify	
(Street)  MARIET  (City)			.7547 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Ind Line) X									ne) <mark>X</mark> I	rvidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or l	Bene	eficia	ally O	wned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8)  8  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 ar	nd Se Be Ov	Amount of ecurities eneficially wned Follow	rities ficially ed Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
									Code	v	Amount	Amount (A) or (D)		Price	Tr	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class B Common Stock 05/30.					/2007	2007		P		200		A	\$16	5.5	3,999,45	999,458					
Class A Common Stock													8,132,884		,884 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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date,	Code (Insti				6. Date E Expiratio (Month/D	n Date	e Amount of		str. 3	8. Price Derivat Securit (Instr. 5	ive derivative Securities	tive ties cially d ving ted action(s	Owner Form: Direct or Ind (I) (Ins	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	nber							

**Explanation of Responses:** 

<u>Jeffrey D. Miller, Sr. VP & Chief Financial Officer</u>

05/31/2007

\*\* 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).