FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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 an | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | | all app | olicable) ctor | g Person(s) to I | Owner | | | | | |
|--|---|--|---|----------|---|--|---|-------|---|----------------|--|-------------------|---|---|---------------------------|---|---|--|--|
| (Last) 1195 RIV | (Fir ER ROAD | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2013 | | | | | | | | X | Officer (give title Other (specify below) Sr. VP & Chief Fincl Officer | | |)` | | |
| (Street) MARIETTA PA 17547 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Nor | า-Deriva | ative S | Sec | uritie | s Acc | uired, | Dis | osed o | f, o | r Ber | nefic | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Own | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | се | | ted action(s) 3 and 4) | | (Instr. 4) | |
| Class A C | A Common Stock 03/14/2013 P 4,883 A \$14.34 19,505 I | | | | | | | | I | 401(k) Plan | | | | | | | | | |
| Class A Common Stock | | | | | | | | | | | | | | | | - : | 2,100 | D | |
| Class B C | | | | | | | | | | | | | 476 | I | 401(k) Plan | | | | |
| Class B C | | | | | | | | | | | 106 | | D | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Ins | | on of | | 6. Date E Expiratio (Month/D | n Date | ar) A S U D S | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Ins | curity curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | ode \ | , | (A) | | Date Evercisal | | Expiration | | or Nu of | ımbe | | | | | |

Explanation of Responses:

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

03/15/2013

** 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.

^{*} 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).