FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
I	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* NIKOLAUS DONALD H						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	ast) (First) (Middle) 195 RIVER ROAD O BOX 302					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2015								Officer (give title X Other (specify below) See Remarks					
(Street) MARIETTA PA 17547					4. If	Line) X Form file								n filed by C	Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting				
(City)	(S		(Zip)	on Daviv	otive.	Coo	itio	- A -		4 D	ionocad o	f or D	onofic	المند					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date,		3. Transa Code (1 8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amou Securiti Benefic		nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3 a	ion(s)			(111341. 4)
Class A C	Common St	ock ⁽¹⁾		11/16/20	015				J	V	435.642	A	\$13	.96	178,8	313.15			401(k) Plan
Class A Common Stock ⁽¹⁾			11/16/2015				J	V	1,706.67	A	\$14	14.13 180,519.82		519.82			401(k) Plan		
Class A C	Common St	ock													110,9	53.869		D	
Class A Common Stock															16,36	55.798		I	Spouse
Class A Common Stock															166	,369			Family Foundation
Class A Common Stock															12,	668		I	Trust
Class B Common Stock														130,210.44			D		
Class B Common Stock														51,705.828				401(k) Plan	
Class B Common Stock															5	89		I	Spouse
Class B Common Stock						3,938		938			Family Foundation								
		Ta	able II								oosed of, convertib				Owned				
L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 1. Title of Conversion Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			ion Date,	4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e Ownershi es Form: Direct (D) or Indirect g (I) (Instr. 4		Beneficial) Ownership ct (Instr. 4)	
	n of Respon				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		Amoun or Number of Shares						

1. Dividend Reinvestment 401(k) Plan

Remarks:

As Donegal Group Inc. ("DGI") reported in a Form 8-K Report dated July 20, 2015, Reporting Person is Chairman of the Board of DGI. Reporting Person is also President, Chief Executive Officer and a director of Donegal Mutual Insurance Company, the holder of majority voting control of DGI.

Donald H. Nikolaus

11/20/2015

** 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.