FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response	: 0.5							

	Check this box if no longer subject
$\overline{}$	to Section 16. Form 4 or Form 5
\cup	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 and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2023										5. Relationship of Reporting Person(s) to (Check all applicable) Director X 10% O Officer (give title below) below)				wner (specify
(Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Ind Line)	′					
(Street) MARIE	Street) MARIETTA PA 17547				Rule	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													itended to	
		Table	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Bene	ficiall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)					4 and Securi Benef Owned Follow		cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		rice		ted action(s) 3 and 4)			
Class A Common Stock 05/30/2					023			P		3,879	I A	\ \$	14.65	5 11,711,566		D			
Class B Common Stock															4,708,570		D		
		Tab	le II -	Derivati (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)			rative rities nired r osed)	6. Date Expiration (Month/E	on Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and or Num of Title Sha		De Sei (In:	Price of rivative curity str. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Remarks:

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

06/16/2023

** Signature of Reporting Person Date

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

- * 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.