FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287									
Estimated average burden										
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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

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Name and Address of Reporting Person* DUDLE VENTING CER A.P.D.						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BURKE KEVIN GERARD					X Dir										ector	ctor 10%		wner		
(Last) (First) (Middle)					3. C	Date of Earliest Transaction (Month/Day/Year)										cer (give title ow)		Other below)	(specify	
1195 RIVER ROAD				11/	11/15/2018									President & Chief Exec Officer				cer		
P.O. BOX	X 302																			
(Street)					- 4. lt	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
MARIET	TA PA	PA 17547											X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Zip)													rson				
		Tabl	e I - No	n-Deriv	ative	Se	curiti	es Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally Owi	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)						nd Secu Bend Own	Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Tran	saction(s) r. 3 and 4)			(Instr. 4)	
Class A Common Stock ⁽¹⁾ 11/15					/2018				J	v	25		A	\$13	3.48	2,405			401(k) Plan	
Class A Common Stock																2,983	D)		
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		n of Deri Secu Acq (A) o Disp of (E	of		6. Date Exercisable a Expiration Date (Month/Day/Year)			e and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		Own Forn Dire or In (I) (II	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber ares						

Explanation of Responses:

Dividend Reinvestment Plan

<u>Jeffrey D. Miller, by power of attorney</u>

11/21/2018

** 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.