FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin	ıgton,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

	tion 1(b).	ide. Jee						) of the Sec Investment				934		l nours p	Jer rest	porise.	0.5
1. Name and Address of Reporting Person*  ALTSHULER KRISTI SPENCER				2. Issuer Name <b>and</b> Ticker or Trading Symbol DONEGAL GROUP INC [ DGICA ]							Relationship neck all applic Directo	cable)	g Perso	on(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) 1195 RIVER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 12/16/2021							Sr. Vice President						
P.O. BOX	X 302			4.	If Ame	endment, I	Date o	f Original F	iled (	(Month/Da	ay/Year)	6. I Lin	ndividual or 3	Joint/Group	Filing	(Check App	olicable
MARIET	ΓTA PA	A	17547									X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				action 2A. Deemed Execution Date if any (Month/Day/Year)		Date,	Code (Instr. 5)				Beneficia	es Formally (D) (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	<b>/</b>	Amount	(A) or (D)	Price	Transact (Instr. 3 a	tion(s)			Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Security or Exercise (Month/Day/Year) if any		Execution Date,	Code (	Transaction of Code (Instr. Derivative		ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Options	\$14.39	12/16/2021		A		18,000		07/01/2022	12	2/16/2026	Class A Common Stock	18,000	\$0.00	18,000		D	

Explanation of Responses:

Remarks:

Mitchell J. Thoreson, by power of attorney

12/17/2021

\*\* 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.