FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e: 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | 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 (Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302 (Street) MARIETTA PA 17547 | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant. | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | |
|---|---|--|----------------|--------------------------------------|--------|---|--------|--|--|---|----------|--|------------------------------------|----------|--|---|--|--|--|
| (City) | (State) (Zip) Satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Derivat | tive S | ecui | rities | Acc | uired, | Dis | posed of | , or E | Benefic | ially Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | | , | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | nd Secu Bene Owne Follo | Beneficially Owned Following | | ownership m: Direct or irect (I) itr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o | Price | | rted saction(s) . 3 and 4) | | | | |
| Class A Common Stock 06/06/20 | | | | |)23 | | | | P | | 1,600 | A | \$14.9 | 957 11 | 11,727,074 | | D | | |
| Class A Common Stock 06/07/20 | | | |)23 | | | | P | | 4,591 | A | \$15.4 | .443 11,731,665 | | D | | | | |
| Class B Common Stock | | | | | | | | | | | | 4, | 4,708,570 | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | eemed ution Date, th/Day/Year) | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | | | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

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

06/08/2023

** 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.