FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-028								
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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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>DONEGAL MUTUAL INSURANCE CO</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol DONEGAL GROUP INC [ DGICB ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner					
(Last) 1195 RIV	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/25/2008									Officer (give title below)			Other (specify below)	
(Street)  MARIET  (City)			.7547 Zip)		4. If	Line) X Form file									rm filed by On	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on			
		Tabl	e I - Nor	ı-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	lly Ow	ned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,			Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4			d Sec Ben Owi	mount of urities eficially led Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A)		N) or D)	Price	Trar	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)
Class B Common Stock 08/25/				5/2008	/2008		P		6,964		A	\$20	.5 4	,133,329		D			
Class A Common Stock												8,355,184		D					
		Та	ble II - D								sed of, onvertib				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 D if any (Month/Day/	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Date	Amount o		int of rities rlying ative rity (Ins		8. Price of Derivativ Security (Instr. 5)		Owner Form: Direct or Indi (I) (Insi	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

**Explanation of Responses:** 

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

08/25/2008

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).