FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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

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 [*] MILLER JEFFREY DEAN | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | | | ationship of Reportir (all applicable) Director | | 10% (| | Owner |
| (Last) 1195 RIV | (Fii ER ROAD | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2015 | | | | | | | | | | X | Officer (give title below) EVP & Chief | | below) | | · |
| (Street) MARIETTA PA 17547 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | efic | ially | Owne | ed | | | |
| Dat | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Sec Ber Owi | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount (A) or (D) | | Pric | e | | action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Class A C | ommon Sto | ock ⁽¹⁾ | | 11/16/ | /2015 | | | | J | v | 260 | | A | \$1 | 4.12 | 2 | 27,052 I 401 Pla | | | |
| Class A C | ommon Sto | ock | | | | | | | | | | | | | | 5,745 D | | | | |
| Class B C | ommon Sto | ock | | | | | | | | | | | | | 477 I 401(k) Plan | | | | | 401(k) Plan |
| Class B Common Stock | | | | | | | | | | | | | | | 106 | | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | n of i | | 6. Date E Expiratio (Month/D | n Date | е | Amo Secu Undo Deriv Secu | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Ins | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) |) ct | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Nur | nber ires | | | | | | |

Explanation of Responses:

1. Dividend Reinvestment Plan

<u>Jeffrey D. Miller, EVP & Chief</u> <u>Financial Officer</u> <u>11/20/2015</u>

** 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.