FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
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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).

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				Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] Independent of the state o										k all app Direc	tor er (give title	ng Pe	(10% O		
P.O. BOX 302 (Street) MARIETTA PA 17547				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,			3. Transaction Disposed Of (D) (Instr. 3 5)					Securit Benefic	Amount of ecurities eneficially wned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Pric	е	Transa	action(s) . 3 and 4)			(
Class A Common Stock 08/05/20				2022		P		10,000	A \$14.3		4.37	7 10,985,593		D					
Class B Common Stock													4,708,570		08,570	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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivat		vative crities cired r osed)	6. Date Expirati (Month/	ion Da		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt			Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Numb of Title Share							

Explanation of Responses:

Remarks:

Jeffrey D. Miller, EVP & **Chief Financial Officer**

08/08/2022

** 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.

 $^{^{\}star}$ 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).