FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C. 2	20549	

STATEMENT O	F CHANGES IN	I BENEFICIAL	OWNERSHIP

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

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)					Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] Indee of Earliest Transaction (Month/Day/Year) 11/30/2022								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director X 10% Owne Officer (give title below) Other (spec					wner	
(Last) 1195 RIV	۱۱) ER ROAL/	,	Middle)		11/3	0/202	_												
P.O. BO					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MARIET	TA PA	. 1	7547											X		filed by Mo		oorting Pers in One Rep	- 1
(City)	(St	ate) (Z	<u>Z</u> ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,				Disposed O	ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price		Transa	saction(s) : 3 and 4)			(111341. 4)	
Class A C	Common St	ock		11/30/2	2022				P		7,311	A	\$14	.83	11,4	76,110		D	
Class A C	Common St	ock		12/01/2	022				P		6,480	A	\$14	.84	.84 11,482,590			D	
Class A C	Common St	ock		12/01/2	2022				P		75,000	A	\$15	5.03 11,55		57,590		D	
Class B C	Common St	ock													4,70	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)	privative conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Transa Code (Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of ivative surity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Remarks:

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

12/02/2022

** Signature of Reporting Person

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.

^{*} 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).