FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt	on, D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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* BURKE KEVIN GERARD					2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]								Check a	ionship of Reportin all applicable) Director Officer (give title		10%	Olssuer Owner er (specify		
	ER ROAD	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2015									X	belov	v) ``	belo	w)
P.O. BOX (Street) MARIET (City)	TA PA		.7547 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 08/31/2015					r)		Individue)	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 5) 8 4. Securities Acquired Disposed Of (D) (Instr. 5)			nd S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect						
							Code	v	Amount	(<i>i</i>	A) or O)	Price	Trar		action(s) 3 and 4)		(11150.4)		
Class A Common Stock ⁽¹⁾ 08/27/2				7/2015	2015		I		2,136		A	\$14.34		2,136		I	401(k) Plan		
Class A Common Stock													583		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any			Transa	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	nt		derivative Securities	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	res		_			

Explanation of Responses:

Jeffrey D. Miller, by power of

09/03/2015 Date

<u>attorney</u>

** Signature of Reporting Person

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.

^{1.} Reporting Person hereby amends his Form 4 report to change the reporting code of this transaction to I from the code P that was reported inadvertently in the initial Form 4 filing. This transaction under the Donegal Mutual Insurance Company 401(k) Plan is a transaction exempt under Section 16(b) by virtue of Rule 16b-3(f).