Instruction 1(b).

FORM 4

Check this box if no longer subject

## **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 |           |  |  |  |  |  |  |  |  |  |  |  |
| hours per response       | . 0.5     |  |  |  |  |  |  |  |  |  |  |  |

to Section 16. Form 4 or Form 5 obligations may continue. See 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   |  |         |        |   | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [ DGICA ] |   |                                    |   |                     |   |                    |  |                                      |   | all app<br>Direc   | tor<br>er (give title   |  | ₹ 10% O   | wner<br>(specify |  |
|--|--|---------|--------|---|---|---|------------------------------------|---|---------------------|---|--------------------|--|--------------------------------------|---|--|---|--|---|------------------|--|
| (Last)   | ,  |         |        |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2022 |                                    |   |                     |   |                    |  |                                      |   | 20.01  | .,  |  | 20.0)   |                  |  |
| 1195 RIVER ROAD<br>P.O. BOX 302  |  |         |        |   | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |                                    |   |                     |   |                    |  |                                      | 6. Individual or Joint/Group Filing (Check Applicable Line)                       |  |   |  |   |                  |  |
| (Street) MARIET  | ΓTA PA   | . 1     | 7547   |   |   |   |                                    |   |                     |   |                    |  | X                                    | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |   |                  |  |
| (City)   | (St  | ate) (Z | Zip)   |   |   |   |                                    |   |                     |   |                    |  |                                      |   |  |   |  |   |                  |  |
|  |  | Table   | I - No | n-Deriva                                | tive S  | Secui   | rities                             | Acq                                     | juired,             | Dis   | posed of           | , or B   | enefi                                | cially  | Own  | ed  |  |   |                  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |  |         |        |   | Execution Da  |   |                                    | 3.<br>Transaction<br>Code (Instr.<br>8) |                     | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)       |                    |  | 4 and Secu                           |   | cially<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                  |  |
|  |  |         |        |   |   |   |                                    |   | Code                | v   | Amount             | (A) o<br>(D)   | Pric                                 | e   | Transa   | saction(s)<br>r. 3 and 4)   |  |   | (1130.4)         |  |
| Class A Common Stock 05/11/  |  |         |        | .022                                    |   |   | P                                  |   | 7,941               | A   | \$1                | 4.84   | 10,5                                 | 599,449   |  | D   |  |   |                  |  |
| Class B Common Stock   |  |         |        |   |   |   |                                    |   |                     |   |                    |  |                                      | 4,7   | 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)  2. Conversion Date Date (Month/Day/Year)  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year) |  |         |        | 4.<br>Transaction<br>Code (Instr.<br>8) |   | of  | iired<br>r<br>osed<br>)<br>r. 3, 4 | 6. Date<br>Expirati<br>(Month/          | ion Da              | Year) Securities Underlying Derivative Security (Ins 3 and 4) |                    | nt of<br>ities<br>lying<br>itive<br>ity (Instr<br>4) | Dei<br>Sed<br>(Ins                   | Price of<br>rivative<br>curity<br>str. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |                  |  |
|  |  |         |        |   | Code  | v   | (A)                                | (D)                                     | Date<br>Exercisable |   | Expiration<br>Date | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares | r   |  |   |  |   |                  |  |

Explanation of Responses:

Remarks:

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

05/12/2022

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.