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								
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						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) 1195 RIV	(Fi	,	Middle)			oate o		st Trans	saction (/Day/Year)				Office	er (give title v)		•	(specify				
(Street) MARIET			17547 Zip)		4. If										. Indivi ine) X	Form	lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	ı-Deriv	/ative	Sec	curitie	es Ac	quire	l, Dis	sposed o	f, or	Bene	eficia	ally (Owne	ed					
Date					Execution Execut		A. Deemed Execution Date, f any Month/Day/Year)		Cod	Transaction Dis		eurities Acquired (A) sed Of (D) (Instr. 3,			4 and Secur Benet		mount of urities eficially ned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Cod	e v	Amount	1)	N) or D)	Price	Transa		action(s) 3 and 4)			(111501.4)					
Class B Common Stock 04/3					0/2018	/2018			P		7,000	7,000		\$2	\$21		4,654,339		D			
Class A Common Stock															9,851,025		51,025		D			
		Та									osed of, convertib				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date Expirat (Month	ion Da		e Amount of		str. 3		vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Ame or Nun of Sha									

Explanation of Responses:

Jeffrey D. Miller, EVP & Chief 05/02/2018 Financial Officer

** 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.