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* MILLER JEFFREY DEAN | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA] | | | | | | | | | | all app Direc | olicable) ctor | g Person(s) to Is | wner | | |
|---|---|--------------------|---|-----------------------|---|---|---|---|------------------------------------|----------------|-----------------------------|---------|---|----------------------|--|--|--|---|--|--|
| (Last) 1195 RIV | (Fir ER ROAD | · · | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2009 | | | | | | | | | X | belov | , | other below; of Fincl Office | | |
| (Street) MARIET (City) | | | 17547 Zip) | | 4. If | 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 | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Ac | quired, | Dis | posed o | f, o | r Bei | nefic | ially | Owne | ed | | | |
| Date | | | | saction /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Se Be Ow | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Class A C | Common Sto | ock ⁽¹⁾ | | 1 11/1///1119 1 | | | | | | 401(k) Plan | | | | | | | | | | |
| Class A Common Stock ⁽¹⁾ 05/15/ | | | | | 5/2009 | 2009 | | | J | v | 49 | 49 A \$ | | \$1 | 4.36 | 5,896 | | I | 401(k) Plan | |
| Class A Common Stock | | | | | | | | | | | | | | | | | 2,100 | D | | |
| Class B C | ommon Sto | ock | | | | | | | | | | | | | 106 D | | | | | |
| Class B C | ommon Sto | | | | | | | | | 401(k) Plan | | | | | | | | | | |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | - | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of Der Sec Acc (A) Dis of (| oosed D) tr. 3, 4 | 6. Date E Expiratio (Month/D | n Dat | Anr) Sec Un De Sec | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Inst | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | umbei | 1 | | | | | |

Explanation of Responses:

Dividend Reinvestment Plan

<u>Jeffrey D. Miller, Sr. VP &</u> Chief Financial Officer

05/20/2009

** 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.