FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	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					Suer Name and Ticker or Trading Symbol     DONEGAL GROUP INC [ DGICA ]  3. Date of Earliest Transaction (Month/Day/Year) 11/17/2022										all app	tor er (give title	ng Pei	10% O	wner specify	
(Last) (First) (Middle)						11/1//2022														
1195 RIVER ROAD					_															
P.O. BOX 302					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form	filed by On	e Rep	orting Pers	son	
MARIET	TTA PA	. 1	7547												Form Perso	filed by Mo on	re tha	ın One Rep	orting	
(City)	(St	ate) (Z	Ľip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,					es Acquired (A) Of (D) (Instr. 3,		4 and Securi Benefi		ies cially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	•	Transa	saction(s) r. 3 and 4)			(IIISU. 4)		
Class A Common Stock 11/17/2				2022		P		7,500	A	\$15	5.29	.29 11,446,736		D						
Class B Common Stock											4,7		708,570		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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		ransaction of Code (Instr. Derivative		vative crities cired r osed )	6. Date Exercisable Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)	
				Code		v	(A)	(D)	Date Exercisable		Expiration Date		or Number of Shares							

**Explanation of Responses:** 

Remarks:

Jeffrey D. Miller, EVP & Chief Financial Officer

11/18/2022

\*\* 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.