FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | 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 Dired | olicable) ctor | g Person(s) to I | Owner | |
|--|---|--|----------|---|------|--|--|---------------|--|-------|---|---|------|----------------------------|---|---|---|--|--|
| (Last) 1195 RIV | (Fii ER ROAD | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2008 | | | | | | | | X | Officer (give title below) Sr. VP & Chief | | Other (specify below) f Fincl Officer | | |
| (Street) MARIETTA PA 17547 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | 1 | | _ | | | . | l, Di | sposed o | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Secu Bene Owne | | rities ficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | v | Amount | (A) oi (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | | |
| Class A C | ommon Sto | 2008 | 008 | | J | V | 38 | A | \$1 | 6.86 | .86 5,71 | | I | 401(k) Plan | | | | | |
| Class A Common Stock ⁽²⁾ 07/01/20 | | | | | | | 008 | | J | V | 385 | A | \$13 | 3.4895 | | 1,735 | D | | |
| Class B Common Stock | | | | | | | | | | | | | | | | 476 | I | 401(k) Plan | |
| Class B Common Stock | | | | | | | | | | | | | | | | 106 | 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 | Conversion or Exercise (Month/Day/Year) Trice of Perivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8) | | | | saction e (Instr. Saction de (Instr. Saction de (Instr. Sacquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | t r | | 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) | |

Explanation of Responses:

- 1. Dividend Reinvestment Plan
- 2. Employee Stock Purchase Plan

Jeffrey D. Miller, Sr. VP & 07/02/2008 **Chief 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.