FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| | | | | | | | | | | |

5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

| OIVID AFFROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

| GREENYA CYRIL J | | | | | | DONEGAL GROUP INC [DGICA] | | | | | | | | | | Direc | | | 10% Ow | | | |
|---|--|--------------------------|---|--|------------------------------|---|---|--------|---|-------|--|--|-------|--|-----------------------|---|---|---|----------|--|--|--|
| (Last) (First) (Middle) 1195 RIVER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014 | | | | | | | | | | Officer (give title below) Sr. Vice President Other (specify below) | | | | | | |
| (Street) MARIET (City) | | | 17547 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | , | | | | on | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curiti | es Acc | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | I (A) o | 4 and Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | | |
| Class A C | Common Sto | ock ⁽¹⁾ | | 01/02 | 2/2014 | | | | J | V | 52 | | A | \$1 | 2.58 | | 5,124 | D | | | | |
| Class A C | Common Sto | ock ⁽²⁾ | | 01/02 | 2/2014 | | | | A | | 400 | | A | \$1 | 5.9 | | 5,524 | 4 D | | | | |
| Class B C | ommon Sto | ock | | | | | | | | | | | | | | | 820 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 | Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | nstr. 3 | Der Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) |) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Codo | \ | (0) | | Date | | Expiration | | Nui | mber | | | | | | | | | | |

Explanation of Responses:

- 1. Employee Stock Purchase Plan
- 2. Grant from Directors Equity Incentive Plan

Jeffrey D. Miller, by power of 01/02/2014 <u>attorney</u>

** 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.