

DONEGAL GROUP INC Reported by DONEGAL MUTUAL INSURANCE CO

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/24/22 for the Period Ending 05/22/22

Address 1195 RIVER RD PO BOX 302

MARIETTA, PA, 17547-0302

Telephone 7174261931

CIK 0000800457

Symbol DGICA

SIC Code 6331 - Fire, Marine and Casualty Insurance

Industry Property & Casualty Insurance

Sector Financials

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
												(Check all app	plicable)				
DONEGAL 1	MUTUA	L INSU	RANC	E CO	DON	NEGAL	GROU	P II	NC []	DGIC	A]						
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director	DirectorX 10% Owner				
(Last) (First) (Middle)												Officer (giv	Officer (give title below) Other (specify below)				
1195 RIVER ROAD, P.O. BOX 302						5/22/2022											
	(Stree	et)		4	I. If A	mendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
MARIETTA, PA 17547													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Stat	te) (Zip	o)														
				•													
			Table I	- Non-D	eriva	ative Seco	urities Acc	quir	ed, Dis	posed of	f, or I	Beneficially Owne	ed				
1. Title of Security 2. Trans. I			2. Trans. Da			3. Trans. Code						5. Amount of Securities Beneficially Owned 6.			7. Nature		
(Instr. 3)				Execution Date, if any		(Instr. 8)					Following Reported Transaction(s)			Ownership Form:	of Indirect Beneficial		
				Da	ne, ii any			(Instr. 3, 4 and 5)									
										(1)						(Instr. 4)	
							Code	v	Amount	(A) or (D)	Price				(I) (Instr. 4)		
Class A Common Stock			5/22/2022			P		13,281	A	\$15.5			10,672,224	D			
Class A Common Stock			5/23/2022	/2022		P		9,914	A	\$15.	10,682,138		D				
Class B Common Stock													4,708,570	D			
			l.				L	l	1	I.		I.		, , .		<u>I</u>	
	Tab	le II - Der	ivative	Securiti	s Re	neficially	Owned (ρσ.	nuts. c	alls. wa	rrant	s, options, conve	tible seci	rities)			
Title of Derivate		3. Trans.	3A. Deer			de 5. Numb	,	0 /	1 /			and Amount of		9. Number of	10.	11. Nature	
		Execution				ve Securities					ties Underlying		derivative	Ownership			
(Instr. 3)	or Exercise		Date, if a	iny			d (A) or					tive Security		Securities		Beneficial	
Price of Derivative				Disposed		d of (D) 4 and 5)		(I			(Instr. 3 and 4)		Beneficially Owned		Ownership (Instr. 4)		
	Security				(msu. 3,		T and 3)							Following	Direct (D))	
								Date	e 1	Expiration		Amount or Number of	1	Reported Transaction(s)	or Indirect		
				Coc	le '	V (A)	(D)		rcisable		Title	Shares		(Instr. 4)	(1) (IIIsti. 4)		
						` _										1	

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DONEGAL MUTUAL INSURANCE CO							
1195 RIVER ROAD		X					
P.O. BOX 302		21					
MARIETTA, PA 17547							

Signatures

 Jeffrey D. Miller, EVP & Chief Financial Officer
 5/24/2022

 **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 control number.