Edgar Filing: DONEGAL GROUP INC - Form 4

DONEGAL	GROUP INC										
Form 4											
May 19, 201	1										
FORM	14								OMB AF	PROVAL	
	UNITEL) STATES		ATTIES A hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 3 200 Estimated average burden hours per response 0					
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the H	Public Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)										
DONEGAL MUTUAL Symb			Symbol	suer Name and Ticker or Trading ol IEGAL GROUP INC [DGICB]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)				ansaction			(Check all applicable)			
((Month/D	Month/Day/Year) Director 05/18/2011 Officer (give below)					titleOther (specify below)		
				onth/Day/Year) Applicable Line _X_ Form filed				Applicable Line) _X_ Form filed by C	Joint/Group Filing(Check y One Reporting Person		
MARIETTA	A, PA 17547							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactic Code (Instr. 8)	(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Class B				Code V	Amount	(D)	Price				
Common Stock	05/18/2011			Р	500	А	\$ 17.43	4,198,839	D		
Class A Common Stock								7,755,184	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
DONEGAL MUTUAL INSURANCE CO 1195 RIVER ROAD MARIETTA, PA 17547		Х					
Signatures							
Jeffrey D. Miller, Sr. VP & Chief Financial Officer	05/19/2011						
**Signature of Reporting Person		Date					
Explanation of Responses:							

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.