## Edgar Filing: DONEGAL GROUP INC - Form 4

DONEGAL	GROUP INC											
Form 4												
January 03, 2	2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				NERSHIP OF	Estimated a	2005 Verage		
Section 1	Section 16.				SECURITIES				burden hours per			
Form 4 o Form 5					a .	· -			response	0.5		
obligatio							•	e Act of 1934,				
may cont	inue. Section 1			vestment	•	· ·		1935 or Sectior	1			
See Instru	uction	50(II)	of the fit	vestment	Compan	y At	1 01 194	0				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person * GILMARTIN PATRICIA A2. Issuer Symbol				Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to					
								Issuer				
DONEO			DONEC	GAL GROUP INC [DGICA]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cheer		)		
1195 RIVER ROAD         01/03/2           (Street)         4. If Ame			(Month/D	Day/Year)			X Director		Owner			
			01/03/20	1/03/2017				Difficer (give title Other (specify below) below)				
			4. If Ame	nendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mor	fonth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
	DA 17547							_X_ Form filed by O Form filed by M				
MARIETTA	A, PA 1/54/							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of		2. Transaction Date 2A. Deemed			4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D) $Cada = (Instr. 2, 4 and 5)$				Securities	Form: Direct			
(Instr. 3)		any (Month/D	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			3)	Beneficially Owned	× /	Beneficial Ownership			
		<b>X</b>						Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C1				Code V	Amount	(D)	Price	(				
Class A	01/03/2017			٨	500	٨	\$	e 220	D			
Common Stock (1)	01/03/2017			А	500	А	17.48	8,229	D			
Stock <u>·</u>												

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

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.

 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. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Tit Amou Under Secur (Instr	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GILMARTIN PATRICIA A 1195 RIVER ROAD MARIETTA, PA 17547	Х						
Signatures							
Jeffrey D. Miller, by power of attorney	01/03/2017						

\*\*Signature of Reporting Person

Date

## **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).
- (1) Grant from Directors Equity Incentive Plan

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.