Edgar Filing: GILMARTIN PATRICIA A - Form 4

| GILMARTIN Form 4 July 29, 2011 | I PATRICIA A | | | | | | | | | | |
|--|---------------------|---------|--------------------------------|--|--------------|-----------------|------------|---|------------------------------|--------------------------|--|
| | | | | | | | | OMB APPROVAL | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no long | | | Expires: | January 31, | | | | | | | |
| subject to | F CHAN | | | NERSHIP OF | Estimated | 2005 average | | | | | |
| Section 16. Form 4 or | | | | SECUR | burden hou | | | | | | |
| Form 5 Filed pursuant to S | | | Section 16 | 5(a) of the | e Securiti | pe Act of 1934 | response | 0.5 | | | |
| obligation | 18 Section 17(| | | | | | | of 1935 or Sectio | n | | |
| may conti <i>See</i> Instru 1(b). | | 30(h) |) of the Inv | vestment | Company | Act | of 19 | 40 | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> GILMARTIN PATRICIA A | | | 2. Issuer Symbol | Name and | Ticker or T | Frading | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | DONEGAL GROUP INC [DGICA] | | | | | (Check all applicable) | | | |
| (Last) | (First) (A | Middle) | 3. Date of | Earliest Tra | ansaction | | | (Chec | ск ан аррисаби | e) | |
| | | | (Month/D | - | | | | _X_ Director10% Owner | | | |
| | | | 07/27/20 |)11 | | | | Officer (give title Other (specify below) below) | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Mon | th/Day/Year) | I | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| MARIETTA | , PA 1/54/ | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | |
| 1.Title of | 2. Transaction Dat | | | 3. Troposti | 4. Securit | | | 5. Amount of | 6. Ownership Form: Direct | 7. Nature of Indirect | |
| Security (Instr. 3) | (Month/Day/Year) | any | on Date, if | TransactionAcquired (A) or Code Disposed of (D) | | | | Securities Beneficially | (D) or | Beneficial | |
| | | (Month | /Day/Year) | (Instr. 8) | (Instr. 3, 4 | 4 and 3 | 5) | Owned Following | Indirect (I) Instr. 4) | Ownership (Instr. 4) | |
| | | | | | | (A) | | Reported | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| Class A | | | | Code V | Amount | (D) | Price | (instr. 5 and 1) | | | |
| Class A Common | | | | | | | | 5,629 | D | | |
| Stock | | | | | | | | | | | |
| | | | | | | | | | | | |

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. Transac Code (Instr. 8 | 5. Number of tiorDerivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | |
|---|---|---|---|------------------------------------|--|--------|--|---------------------|---|----------------------------|-------------------------------------|
| | | | | Code V | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Options | \$ 12.5 | 07/27/2011 | | A | | 12,000 | | 03/01/2012 | 07/27/2021 | Class A Common Stock | 12,000 |

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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 | 07/29/2011 | | | | | | | |
| **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).

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.