## Edgar Filing: DELTA AIR LINES INC /DE/ - Form 4

DELTA AIR Form 4 June 26, 2015	LINES INC /	DE/										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL				
		SECURITIES AND EXCHANGE ( Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287				
Check this if no long	or								Expires:	January 31, 2005		
subject to Section 16	<b>5</b> 1A11								Estimated average burden hours per			
Form 4 or Form 5 Eiled pursuant to Section									response	0.5		
obligation	· · · · ·						-	ge Act of 1934, If 1935 or Sectio	m			
may conti <i>See</i> Instru	nue.		of the Inv	•	•	- ·			/11			
1(b).	ction				1.							
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssueMattson George NSymbol				uer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
I			DELTA AIR LINES INC /DE/ [DAL]					(Check all applicable)				
				Date of Earliest Transaction Ionth/Day/Year)			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
	AIR LINES, P.O. BOX 203		06/24/20	)15				below)	below)			
				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person				
ATLANTA,	, GA 30320								More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			on Date, if	Code Disposed of (D)			SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	06/24/2015			А	3,760 (1)	А	<u>(1)</u>	40,940	D			

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)

**Reporting Owners** 

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
	Director	10% Owner	Officer	Other			
Mattson George N C/O DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA,, GA 30320	Х						
Signatures							
/s/ Jan M. Davidson as attorney-in-fact for Ge Mattson	06/26/2	015					
<b>**</b> 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).

Non-employee members of Delta's Board of Directors receive an annual restricted stock award of \$160,000. The shares reported in this Form 4 represent the annual restricted stock award grant to the Reporting Person, as approved by the Board of Directors, based on the (1) closing pricing on the New York Stock Exchange on June 25, 2015. The shares were acquired in a transaction exempt under Rule 16b-3(d).

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.