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

| DELTA AIF Form 4 February 24 | R LINES INC /D , 2016 | Е/ | | | | | | | | | |
|--------------------------------------|--|---------------|----------------|--|--|-------------------------------|--|--|--|---|--|
| FORM 4 UNITED STATES SEC | | | | shington NGES IN SECUF (6(a) of th (tility Hol | , D.C. 20 BENEF RITIES ne Securit ding Con | 549 ICIA ies E npany | L OWN xchange y Act of 1 | DMMISSION OMB Number ERSHIP OF Expires: Estimate burden h responsAct of 1934, 935 or Section935 | | • | |
| (Print or Type] | Responses) | | | | | | | | | | |
| West W Gilbert Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) (A AIR LINES, II) P.O. BOX 2057 | | | f Earliest T Day/Year) 2016 | ransaction | | | Director _XOfficer (give to below) Sr. H | | Owner r (specify | |
| Filed(Mo | | | onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| ATLANTA (City) | (State) | (Zip) | | | | | | Person | | | |
| | ` | - | | | | | - | ired, Disposed of, | | - | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | Date, if | Code (Instr. 8) | 4. Securit our Dispos (Instr. 3, 4 Amount | ed of (| (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/23/2016 | | | S | 23,676 | D | φ 48.728 (<u>1)</u> | 118,990 | 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)

| De Se | Title of erivative ecurity nstr. 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. Transact Code (Instr. 8) | 5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|----------|--|---|---|---|--------------------------------------|--|---------------------|--------------------|-------|--|---|--|
| | | | | | Code N | ⁷ (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 | | | |
| West W Gilbert C/O DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA, GA 30320 | | | Sr. EVP & COO | | | | |
| Signatures | | | | | | | |
| /s/ Jan M. Davidson as attorney-in-fact for W. West | 02/24/2016 | | | | | | |
| **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).
- The reported shares were sold in open market transactions through a broker-dealer at prices ranging from \$48.47 to \$48.77 per share. The
 (1) Reporting Person undertakes to provide, upon request, details regarding the number of shares sold at each separate price to the staff of the Securities and Exchange Commission, Delta Air Lines, Inc., or a security holder of Delta Air Lines, Inc.

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.