Edgar Filing: CAMPBELL MICHAEL H - Form 4

	L MICHAEL H									
Form 4 December 1	9 2008									
FORM	ЛЛ	STATES SECU	IRITIES	AND EX	CHA	ANGE CO	OMMISSION		PROVAL	
Check the check	ashingtor	n, D.C. 2	0549			OMB Number: Expires:	3235-0287 January 31, 2005			
subject Section Form 4 Form 5	16. or		CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)									
1. Name and Address of Reporting Person * 2. Issuer CAMPBELL MICHAEL H Symbol				er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
]			DELTA AIR LINES INC /DE/ [DAL]				(Check all applicable)			
(1			3. Date of Earliest Transaction (Month/Day/Year) 12/18/2008				Director 10% Owner XOfficer (give title Other (specify below) Bolow) Bolow) EVP-HR & Labor Relations			
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip) Te			_		Person		_	
		- 10				_	iired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Date, if Transacti Code		ed of (4 and 5		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
common stock	12/18/2008		S	65,719	D	(1)	260,000	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)

1. Title of Derivative2. Conversion or Exercise(Instr. 3)Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans	
				of (D) (Instr. 3, 4, and 5)						(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			
CAMPBELL MICHAEL H C/O DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA, GA 30320			EVP-HR & Labor Relations				
Signatures							
Nanci Oliver Sloan as attorney-in-fact for Micha Campbell	ael H.	12/19/20	008				
**Signature of Reporting Person		Date					
Explanation of Posponsos							

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 \$10.991 to \$11.230 per share.
 (1) The 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.