#### SKUNDA ROBERT THOMAS

Form 4 May 12, 2009

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 3235-0287

**OMB APPROVAL** 

Number:

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* SKUNDA ROBERT THOMAS

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

LANDAMERICA FINANCIAL **GROUP INC [LFG]** 

(Check all applicable)

(First) (Middle) 3. Date of Earliest Transaction

> (Month/Day/Year) 01/01/2009

X\_ Director 10% Owner Officer (give title Other (specify below)

VIRGINIA BIO-TECHNOLOGY RESEARCH PARK, 800 EAST LEIGH STREET

(Street)

4. If Amendment, Date Original Filed(Month/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

RICHMOND, VA 23219

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A)

Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: SKUNDA ROBERT THOMAS - Form 4

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. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and 4
				Code V	(A) (D	Date Exercisable	Expiration Date	Title
Deferred Stock Units	\$ 0 (1)	01/01/2009		<u>J(1)</u>	22,666.666	08/08/1988(1)	08/08/1988(1)	Common Stock

# **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

SKUNDA ROBERT THOMAS VIRGINIA BIO-TECHNOLOGY RESEARCH PARK 800 EAST LEIGH STREET RICHMOND, VA 23219

X

# **Signatures**

By: Anna M. King For: Robert T. 05/12/2009 Skunda

> \*\*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 deferred stock units acquired on the first of the month are the result of compensation payable for Board and/or committee meeting(s) attendance in the prior month in the form of deferred stock units based on the closing price of the issuer's stock on the first business day

(1) of the current month. The deferred stock units do not have any conversion or exercise price (Box 2), nor do they have an exercisable or expiration date (Box 6) for this transaction. The transaction reported for January 1, 2009 represented deferred stock units acquired for the November 26, 2008 meeting. This transaction was inadvertantly reported late.

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.

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