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

| DELTA AIR Form 4 February 23, | | DE/ | | | | | | | | | | |
|--|---|---|-----------------|---|--------------|---|--------------------------------|---|--|---|--|--|
| FORM 4 UNITED STATES SECURI | | | | | | | | | | PPROVAL | | |
| Was | | | | RITIES AND EXCHANGE COMMISSIC shington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. | | | F CHAN | CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: January 31 200 Estimated average burden hours per | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed p s Section 1 | 7(a) of the | | ility Hold | ing Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | response | • | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| DONILON THOMAS E Symbol DELTA | | | Symbol DELTA | A AIR LINES INC /DE/ | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | (First) AIR LINES, P.O. BOX 203 | (Month/Day/Year) JINES, INC., 02/20/2015 | | | | X Director Officer (give below) | te title Other (specify below) | | | | | |
| | (Street) 4. If Amendment, Date Ori Filed(Month/Day/Year) | | | | - | Applicable Line) _X_ Form filed by One | | | | | | |
| ATLANTA, | GA 30320 | | | | | | | Form filed by N Person | Iore than One Re | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | | | | TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | | SecuritiesFBeneficially(JOwnedIn | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 02/20/2015 | | | A | 3,380 (1) | (D) A | Price (<u>1</u>) | 3,380 | 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 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|---|---|
| Repo | rting O | wners | | Code V | 4, and 5) | Date Exercisable | Expiration Date | Amount or Title Number of Shares | | |

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| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DONILON THOMAS E 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 Th Donilon | omas E. | | 02/23/2 | 2015 | | |
| **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. The shares reported in this Form 4 (1) represent the annual restricted stock award to the Reporting Person, as approved by the Board of Directors as of February 20, 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.