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

DELTA AIR Form 4 May 15, 2015	LINES INC /.	DE/									
FORM	1 4								OMB APPROVAL		
				RITIES AND EXCHANGE COMMISS shington, D.C. 20549					OMB Number:	3235-0287	
Check thi	or								Expires:	January 31, 2005	
if no longer subject to STATEMENT OF CHA			F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF	Estimated average		
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5		urguant to	Saction 1	6(a) of the Securities Exchange Act of 193					response 0		
obligation	¹⁸ Section 1							F 1935 or Sectior	h		
may conti	inue.			vestment	•	· ·			1		
<i>See</i> Instru 1(b).		()			F	5					
(Print or Type R	Responses)										
Smith Joanne D Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				A AIR LINES INC /DE/				Issuer			
			DELTA [DAL]	AIR LIN	IES INC	/DE/	/	(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of			of Earliest Transaction			Director 10% Owner				
				/Day/Year)				XOfficer (give titleOther (specify below) below)			
C/O DELTA BOX 20574.	AIR LINES, DEPT. 981	INC., P.O.	05/14/2)15				EVP &	Chief HR Offic	er	
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
· · · · · · · · · · · · · · · · · · ·			onth/Day/Year)				Applicable Line)				
				•				_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ATLANTA,	GA 30320							Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(11511-0)							Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/14/2015			S	2,330	D	\$	60,311	D		
Stock				~	_,	_	47.33				

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	nd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amount of	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day		Underlyin	ng	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	s	(Instr. 5)	Bene
. ,	Derivative			. ,	Securities	5		(Instr. 3 a	and 4)	. ,	Owne
	Security				Acquired				,		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					,						
								Ar	mount		
						Date	Expiration	or			
						Exercisable	Date	Title Nu	umber		
							Duit	of			
				Code V	(A) (D)			Sh	nares		
Reno	rtina O	wners									

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

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Smith Joanne D C/O DELTA AIR LINES, INC. P.O. BOX 20574, DEPT. 981 ATLANTA, GA 30320			EVP & Chief HR Officer			
Signatures						
/s/ Jan M. Davidson as attorney-i Smith	05/15/2015					
** Signature of Reporting	g 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).

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.