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

DELTA AIR LINES INC /D Form 4 July 26, 2016	Е/					
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 child put	W MENT OF CHA rsuant to Section (a) of the Public V	IRITIES AND EXC ashington, D.C. 209 NGES IN BENEFI SECURITIES 16(a) of the Securiti Utility Holding Com Investment Company	549 CIAL OWN ies Exchange ipany Act of 1	ERSHIP OF Act of 1934, 1935 or Section	OMB AP OMB Number: Expires: Estimated av burden hour response	
(Print or Type Responses) 1. Name and Address of Reporting Jacobson Paul A	Symbol	A AIR LINES INC	I	5. Relationship of F ssuer (Check)	Reporting Perso all applicable)	
(Last) (First) ( C/O DELTA AIR LINES, IN DEPT. 981, P.O. BOX 2057	Middle) 3. Date (Month NC., 07/25/	of Earliest Transaction /Day/Year)		Director _X Officer (give t below) EV		Owner r (specify
(Street) ATLANTA, GA 30320		nendment, Date Original onth/Day/Year)	- -	5. Individual or Join Applicable Line) .X_ Form filed by Or Form filed by Mc Person	ne Reporting Per	son
(City) (State)	(Zip) Ta	ble I - Non-Derivative S			or Beneficiall	v Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		3.4. SecuritieTransactionor DisposeCode(Instr. 3, 4)	(A) or (D) Price	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 07/25/2016 Stock		P 25,000	\$ A 38.9108	328,631	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	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	Code	onNumber of	Expiration D (Month/Day		Amount o Underlyii		Derivative Security	Deriv Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	· ·	/1041)	Securities	U	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 a			Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D) (Instr. 3,						(Instr
					(insu: 5, 4, and 5)						
					, ,			٨٣	nount		
								or			
						Date	Expiration		umber		
						Exercisable	Date	of			
				Code V	(A) (D)			Sh	ares		
Reno	rtina O	wnore									

## Reporting Owners

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Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Jacobson Paul A C/O DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA, GA 30320			EVP & CFO			
Signatures						
/s/ Jan M. Davidson as attorney-in-fact for Pau Jacobson	ul A.	07	7/26/2016			
**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 purchased in open market transactions through a broker-dealer at prices ranging from \$38.85 to \$38.97 per (1) share. The Reporting Person undertakes to provide, upon request, details regarding the number of shares purchased 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. rt of the settlement value of the units to a later date.(3)The stock units do not have an expiration date. 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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