Edgar Filing: HAUENSTEIN GLEN W - Form 4

| HAUENSTE | IN GLEN W | | | | | | | | | | |
|---|------------|--|-----------|--|---|--------|---------|---|--|-----------|--|
| Form 4 | 2000 | | | | | | | | | | |
| WashingtonCheck this boxWashingtonif no longerSTATEMENT OF CHANGES INsubject toSECUISection 16.SECUIForm 4 orFiled pursuant to Section 16(a) of thePobligationsSection 17(a) of the Public Utility Hole | | | | | AND EXCHANGE COMMISSION n, D.C. 20549 N BENEFICIAL OWNERSHIP OF RITIES the Securities Exchange Act of 1934, | | | | Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5 | | |
| may conti <i>See</i> Instru 1(b). | nue. | | of the In | • | . | | | | 11 | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| HAUENSTEIN GLEN W Symbol | | | | ΓΑ AIR LINES INC /DE/ | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month | | | | te of Earliest Transaction th/Day/Year) D/2009 | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) EVP-Network Plng & Rev Mgmt | | | |
| | | | | endment, Date Original nth/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 | | | |
| ATLANTA, | , GA 30320 | | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | | Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securit on(A) or Dis (D) (Instr. 3, 4 Amount | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 11/30/2009 | | | S | 20,000 | D | \$8 | 324,672 | 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)

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| Der Sec | Fitle of rivative curity str. 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. Transacti Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|------------|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|--|--|
| I BERNERAL | Director | 10% Owner | Officer | Other | | | | |
| HAUENSTEIN GLEN W C/O DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA,, GA 30320 | | | EVP-Network Plng & Rev Mgmt | | | | | |
| Signatures | | | | | | | | |
| /s/ Jan M. Davidson as attorney-in-fact for Glen Hauenstein | W. | 12/01/20 | 09 | | | | | |
| **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).

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.