#### ATLANTIC AMERICAN CORP

Form 4 May 07, 2007

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

**OMB APPROVAL** 

Number:

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Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **HUDGINS SAMUEL E** 

2. Issuer Name and Ticker or Trading

Symbol

ATLANTIC AMERICAN CORP

Issuer (Check all applicable)

[AAME]

(Last) (First) (Middle)

(State)

3. Date of Earliest Transaction

(Month/Day/Year)

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

5. Relationship of Reporting Person(s) to

4370 PEACHTREE ROAD, N.E. 05/07/2007

(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

Person

9.513

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

below)

ATLANTA, GA 30319

(City)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)

(Zip)

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

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially Beneficial (D) or Indirect (I) Owned Ownership Following (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4) (D) Price

Common 05/07/2007 Stock

Amount P 1,000

D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: ATLANTIC AMERICAN CORP - Form 4

| 1. Title of | 2.            | 3. Transaction Date | 3A. Deemed         | 4.          | 5. Number                            | 6. Date Exercisable and |             | 7. Title and     |        | 8. Price  |
|-------------|---------------|---------------------|--------------------|-------------|--------------------------------------|-------------------------|-------------|------------------|--------|-----------|
| Derivative  | Conversion    | (Month/Day/Year)    | Execution Date, if | Transaction | action of Derivative Expiration Date |                         | Amount of   |                  | Deriva |           |
| Security    | or Exercise   |                     | any                | Code        | Securities                           | (Month/Day/Year)        |             | Underlying       |        | Securit   |
| (Instr. 3)  | Price of      |                     | (Month/Day/Year)   | (Instr. 8)  | Acquired                             |                         |             | Securities       |        | (Instr. : |
|             | Derivative    |                     |                    |             | (A) or                               |                         |             | (Instr. 3 and 4) |        |           |
|             | Security      |                     |                    |             | Disposed of                          |                         |             |                  |        |           |
|             |               |                     |                    |             | (D)                                  |                         |             |                  |        |           |
|             |               |                     |                    |             | (Instr. 3, 4,                        |                         |             |                  |        |           |
|             |               |                     |                    |             | and 5)                               |                         |             |                  |        |           |
|             |               |                     |                    |             |                                      |                         |             |                  | Amount |           |
|             |               |                     |                    |             |                                      |                         |             |                  | or     |           |
|             |               |                     |                    |             |                                      | Date                    | Expiration  | Title            | Number |           |
|             |               |                     |                    |             |                                      | Exercisable             | Date        |                  | of     |           |
|             |               |                     |                    | Code V      | (A) (D)                              |                         |             |                  | Shares |           |
| Option      | <b># 2</b> CO | 0510510005          |                    | -           | 1.000                                | 05,105,12002            | 05/05/0005  | Cmn              | 1.000  | Φ. 2      |
| to Buy      | \$ 2.68       | 05/07/2007          |                    | D           | 1,000                                | 05/07/2002              | 05/07//2007 | Stk              | 1,000  | \$ 2.0    |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

HUDGINS SAMUEL E 4370 PEACHTREE ROAD, N.E. X

ATLANTA, GA 30319

## **Signatures**

Janie L. Ryan, P.O.A. 05/07/2007

\*\*Signature of Date
Reporting Person

### **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.

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