## Edgar Filing: HAGEN VERONICA M - Form 4

HAGEN VI	ERONICA M											
Form 4												
November (	03, 2009											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
	UNITED	STATES S		RITIES A shington				E COMMISSIO	N OMB Number:	3235-028	7	
Check the check	nger								Expires:	January 31		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									F .	Estimated average		
Section 16. SECURITIES									burden ho	urs per		
Form 4 Form 5				$( \cdot ) = f \cdot i$					response	. 0.5	5	
obligatio	-							inge Act of 1934,				
See Instruction 1(b). See Instruction See Instruction												
(Print or Type	Responses)											
1. Name and	Address of Reporting	Person <sup>*</sup>	2. Issue	er Name <b>an</b>	<b>d</b> Ticke	er or '	Trading	5. Relationship	of Reporting Per	rson(s) to		
HAGEN V	S	Symbol					Issuer					
	S	SOUTHERN CO [SO]					(Check all applicable)					
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction				(Cli	eck all applicabl	e)					
		(	(Month/Day/Year)					X Director 10% Owner				
30 IVAN ALLEN JR. BLVD.			11/02/2009					Officer (give titleOther (specify below)				
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
		F	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person						
ATLANTA	A, GA 30308								y One Reporting P More than One R			
(City)	(State)	(Zip)	Tak	la T. Mara	Dantara	4		a surviva di Disar sur d	of ou Douofisia			
			Tab					Acquired, Disposed		lly Owned		
1.Title of Security	2. Transaction Date (Month/Day/Year)					curiti		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Wonul/Day/Teal)	Execution Date, if any		TransactionAcquired (A) or Code Disposed of (D)					(D) or Indirect			
			Day/Year) (Instr. 8) (Instr. 3, 4 and 5					Owned	(I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
							(A)	Transaction(s)				
				Code V	Amo	unt	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each clas	s of secu	urities bene	ficially	y own	ed directly	or indirectly.				
								spond to the colle tained in this form		SEC 1474 (9-02)		
					re	quire	ed to resp	ond unless the fo ntly valid OMB co	orm	. ,		

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

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security				Disposed of (Instr. 3, 4, a) 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units	\$ 0	11/02/2009	А		470.2692		(1)	<u>(1)</u>	Southern Company Common Stock	470.2692

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
HAGEN VERONICA M 30 IVAN ALLEN JR. BLVD. ATLANTA, GA 30308	Х			
Signatures				
Detricia I. Deberto Attamasi	. East fam	Vananiaa M		

Patricia L. Roberts, Attorney-in-Fact for Veronica M. Hagen

\*\*Signature of Reporting Person

11/03/2009 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).
- (1) Acquired pursuant to Southern's Deferred Compensation Plan, payable in stock only upon termination. There is no exercise or 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. ion 6 for procedure.

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