Matsen Paul G Form 5 February 14, 2007

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

FORM	15							OMB AF	PPROVAL	
	UNITED S	TATES SECUR				SE CO	OMMISSION	OMB Number:	3235-0362	
Check this no longer s		was	Washington, D.C. 20549						January 31 2005	
to Section Form 4 or 1 5 obligation may contin See Instruc	Form ANNI ns nue.		'ATEMENT OF CHANGES IN BENE OWNERSHIP OF SECURITIES					Estimated average burden hours per response		
1(b).	Filed purs sldings Section 17(a	uant to Section 16) of the Public Ut 30(h) of the Inv	ility Holding	g Compa	ny A	ct of 1	1935 or Sectio	n		
1. Name and A Matsen Paul	ddress of Reporting P G	Symbol DELTA	2. Issuer Name and Ticker or Trading Symbol DELTA AIR LINES INC /DE/ [DALRQ.PK]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	(Month/D	(Month/Day/Year) — Officer below)				pelow)	title X Oth below)		
DELTA AIR 981, P.O. I	R LINES, INC., D BOX 20574						Left De	lta effective 6/1	/06	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
ATLANTA,	GA 30320 (State) (Zip) Tabl				Ī	_X_ Form Filed by Form Filed by I Person	More than One Ro	eporting	
(City)	(State)	Table Table	e I - Non-Deri			s Acqu	ired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(11100. 4)	(IIIsti. +)	
Common Stock	Â	Â	Â	Â	Â	Â	600	D	Â	
Common Stock	Â	Â	Â	Â	Â	Â	0 (1)	I	Savings Plan	

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SEC 2270

(9-02)

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

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1. Title of Derivative Security (Instr. 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series B ESOP Convertible Preferred Stock	Â	Â	Â	Â	Â	07/10/1989	(1)	Common Stock	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Matsen Paul G DELTA AIR LINES, INC., DEPT. 981 P.O. BOX 20574 ATLANTA. GA 30320	Â	Â	Â	Left Delta effective 6/1/06		

Signatures

Nanci Oliver Sloan as attorney in fact for Paul G.
Matsen
02/14/2007

**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).
- (1) See paragraph titled "BACKGROUND INFORMATION ON LIQUIDATION OF COMMON STOCK AND PREFERRED STOCK UNDER DELTA FAMILY-CARE SAVINGS PLAN" in the Remarks section, below for information regarding the events leading to the removal of Delta common stock ("Common Stock") and Series B ESOP Convertible Preferred Stock ("Preferred Stock") from Reporting Person's account under the Delta Family-Care Savings Plan (the "Plan").
- (2) Preferred Stock held under the Plan had no expiration date and was convertible into Common Stock at a rate of 1.7155 shares of Common Stock for each share of Preferred Stock.

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Remarks:

Reporting Owners 2

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BACKGROUNDÂ INFORMATIONÂ ONÂ LIQUIDATIONÂ OFÂ COMMONÂ STOCKÂ ANDÂ PREFERREDÂ STOC

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.