## Edgar Filing: MEEHAN JAMES N - Form 4

MEEHAN J	JAMES N											
Form 4												
May 08, 20	09											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITED STATES SECONTIES AND EACHAIOE COMMISSION							ONID	3235-0287			
Check the	his hov		Wa	shington	, D.C. 20	549			Number:			
if no lor	aar								Expires:	January 31, 2005		
subject		MENT OI	F CHAI		SES IN BENEFICIAL OWNERSHIP OF				Estimated	Estimated average		
	Section 16. SECURITIES							burden hours per				
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligatio	-						-	f 1935 or Secti				
may cor	itinue.			nvestment	•	- ·			on			
<i>See</i> Inst 1(b).	ruction	50(II)	or the h	livestillen	. Compa	ly net	0117-	10				
1(0).												
(Print or Type	Responses)											
				. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
MEEHAN	JAMES N		Symbol					155001				
			DELPHI FINANCIAL GROUP INC/DE [DFG]				,	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction			_X_ Director		% Owner		
(Month			(Month/	Ionth/Day/Year)				Officer (give title Other (specify below) below)				
	HI CAPITAL		05/06/2	2009					0010 (())			
	MENT, INC., 590											
MADISON	AVENUE 30TH	l FL										
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed				iled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	RK, NY 10022								More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securit	ies Acq	uired, Disposed	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5	. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Code Disposed of (D)				Securities	Form: Direct			
(Instr. 3)								-	(D) or Indirect (I)	Beneficial Ownership		
		(11101111111111111111111111111111111111		(115411-0)	(111541-0)			Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or	0	Transaction(s) Instr. 3 and 4)				
				Code V	Amount	(D) P	Price	lister o und 1)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned dired	ctly or i	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)

## Edgar Filing: MEEHAN JAMES N - Form 4

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. Transactio Code (Instr. 8)	× 3 /			7. Title and Amount ( Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Options to purchase Class A Common Stock	\$ 19.58	05/06/2009		А	15,322	05/01/2010 <u>(1)</u>	05/06/2019	Class A Common Stock	15,32

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
MEEHAN JAMES N C/O DELPHI CAPITAL MANAGEMENT, INC. 590 MADISON AVENUE 30TH FL NEW YORK, NY 10022	Х					
Signatures						
Chad W. Coulter, Attorney-in-Fact for James N. Meehan		05/08/200	)9			
**Signature of Reporting Person		Date				
Evalenation of Decrements						

## **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) Options become exercisable in three equal annual installments beginning on May 1, 2009.

(2) Not applicable.

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.