FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person					me <b>and</b> Tid				ΓΔΔ	MF 1		lationshi ck all app	p of Reportin olicable)	g Person(s	) to Iss	suer
ROBIN	SON J M	IACK			ATLANTIC AMERICAN CORP [ AAME ]						X	-		X 10% (				
(Last) 4370 PE	(Fii ACHTREE	rst) ROAD, N.E.	(Middle)			B. Date of Earliest Transaction (Month/Day/Year) 09/29/2009						X		Officer (give title below)  Chairman		Other (specify below)		
(Street)	'A GA	A	30319-30	54	4. If Ar	nendm	nent, Date	of Origina	al Filed	(Month/Da	ay/Ye	ar)	6. Ind Line)	Forn	or Joint/Group on filed by One on filed by Mor	e Reporting	Perso	n
(City)	(St	•	(Zip)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					3. Trans	3. Transaction Code (Instr. 8) 4. Securi Dispose 5)		rities Acquired (A) or		(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			09/29	/2009	┢		Р			<u> </u>	(D)	(Instr.		3 and 4) 15,955	D		
Common				03/23/				+		0,000			Ψ1		8,976	I	- 1	401(k) Plan
Common	Stock													30	00,000	I		By Delta Fire & Casualty Ins. Co.
Common	Stock													1,3	363,809	I		By Delta Life Ins. Co.
Common	Stock <sup>(2)</sup>													3,7	756,646	I		By Gulf Capital Services
Common Stock <sup>(3)</sup>											8,704,736		I	- 1	By Spouse			
		Т	able II - [				es Acqı arrants							wned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any Code (Inst		on of carrier of the				ble and 7. Title and Amount of		De Se (In	8. Price of Derivative Security (Instr. 5)  8. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		Owner Form: Direct or Indi (I) (Inst	ship (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
	of Doonono			ı	Code V	(	A) (D)	Date Exercis		Expiration Date	Title	Amo or Num of Shar	ber					

- 1. Mr. Robinson also has an indirect ownership interest in 18976 shares held in a 401(k) Plan based on the most recent plan statement.
- 2. Mr. Robinson also has an indirect ownership interest in 3756646 shares owned by Gulf Capital Services, for which Mr. Robinson holds a 24% interest in the Partnership. The remaining partnerships are held in equal shares by Trust for benefit of Mr. Robinson's daughters, with Mr. Robinson's spouse as Trustee. Mr. Robinson disclaims beneficial ownership for 76% of the securities held by Gulf Capital Services, representing the Trusts' proportionate partnership interest.
- 3. Mr. Robinson also has an indirect ownership interest in 8704736 shares, of which 655968 are owned directly by his spouse; 6720 shares held by spouse, jointly with grandson; 3953256 shares held directly by Trust for daughter, Robinson, with spouse as Trustee; and, 4088792 shares held directly by Trust for daughter, Jill Robinson, with spouse as Trustee, all of which Mr. Robinson expressly disclaims beneficial ownership of such securities.

## Remarks:

Janie L. Ryan, POA

10/01/2009

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.