FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person* ROBINSON J MACK				2. Issuer Name and Ticker or Trading Symbol ATLANTIC AMERICAN CORP [AAME]								(Che	elationsh eck all ap CDire	plicable)	ng Person(s) to I			
(Last) 4370 PE	(Last) (First) (Middle) 4370 PEACHTREE ROAD, N.E.				3. Date of Earliest Transaction (Month/Day/Year) 08/22/2007								7		Officer (give title below) Chairman Other (specify below)			
(Street)			30319-30	54	4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)) 【 Fori Fori	Form filed by More than One Reporting Form form filed by More than One Reporting Person			
(City)	(St	•	(Zip) le I - Nor	n-Deriva	tive S	ecurit	ies Ac	auired.	Dist	osed o	f. 0	r Bene	eficiall	v Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Am Secui Benet	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount		(A) or (D)	Price	Trans	action(s) 3 and 4)		(Instr. 4)			
Common	Stock													8	78,847	D		
Common	Stock ⁽¹⁾														17,686	I	401(k) Plan	
Common	Stock													3	00,000	I	By Delta Fire & Casualty Ins. Co.	
Common	Stock													9	46,702	I	By Delta Life Ins. Co.	
Common Stock ⁽²⁾		08/22/2007				P		8,897		A	\$2.76	3,	601,883	I	By Gulf Capital Services			
Common	Stock ⁽³⁾													8,	663,479	I	By Spouse	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Transacti ity or Exercise (Month/Day/Year) if any Code (Ins		rr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			n Date	Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	Report Transa (Instr. 4		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
	of Resnons			-	Code V	(A)	(D)	Date Exercisa		Expiration Date	Titl	of le Sha	res					

- 1. Mr. Robinson also has an indirect ownership interest in 17686 shares held in a 401(k) Plan based on the most recent plan statement.
- 2. Mr. Robinson also has an indirect ownership interest in 3601883 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 8664606 shares, of which 617838 are owned directly by his spouse; 6720 shares held by spouse, jointly with grandson; 3953256 shares held directly by Trust for daughter, Robin Robinson, with spouse as Trustee; and, 4086792 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

08/27/2007

** 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.