FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | | | | | | | | | |

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 HARRIETT J | | | | 2. Issuer Name and Ticker or Trading Symbol ATLANTIC AMERICAN CORP [AAME] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|--|----------------------|--|------------------------------|--|---------------------|--|--------------------|--------------|---|---------------|------------------|--------------------------------|--|---|---|--|--------------------------------|-------------------------------|-----------------------------|
| (Last) (First) (Middle) 4370 PEACHTREE ROAD, N.E. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/28/2007 | | | | | | | | | | belov | , | X Other below er Rule 16a-8 | · | | |
| (Street) ATLANT | | | 30319-30 (Zip) | 54 | 4. If Ar | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | ative S | ecu | rities | Acq | uired, | Dis | posed o | f, o | r Bene | efic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction I | | | | | (A) o 3, 4 a | 4 and Sec Ber | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | V Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | () | | | |
| Common | Stock | | | | | | | | | | | | | | | 6 | 17,838 | D | |
| Common | Stock ⁽¹⁾ | | | | | | | | | | | | | | | (| 6,720 | D | |
| Common | Stock ⁽²⁾ | | | | | | | | | | | | | | | 1 | 7,686 | I | 401(k) Plan by Spouse |
| Common Stock ⁽³⁾ | | | 08/28 | /2007 | | | P | | 15,000 | | A | \$2 | 2.899 3,0 | | 516,883 | I | By Gulf Capital Services | | |
| Common Stock ⁽⁴⁾ | | | | | | | | | | | | | | | 3,9 | 953,256 | I | Trustee as C/F Daughter | |
| Common Stock ⁽⁵⁾ | | | | 08/29 | /2007 | | | Р | | 2,000 | | A | \$2 | .827 | 4,088,792 | | I | Trustee as C/F Daughter | |
| Common Stock ⁽⁶⁾ | | | | | | | | | | | | | | | 2,1 | 125,549 | I | By Spouse | |
| | | Ta | able II - I) | Derivati e.g., pu | ive Sec ıts, cal | curiti Is, w | ies A varrai | cqui nts, | ired, Di option | ispo s, co | sed of, onvertib | or E | Benefi securit | cial ties | ly Οι) | vned | | | |
| 1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. And Code (Instr. 8) 6. Code (Instr. 8) 7. Code (Instr. 8) 8. Code (Instr. 8) 8. Code (Instr. 8) | | | 4. Transacti Code (Ins | 5. Number tion of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | able and | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | str. 3 | 8. Pi Deri Seci (Inst | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | (A) (| | Date Exercisal | | Expiration Date | oiration of | | | | | | | | | | | |

- 1. Mrs. Robinson also has a direct ownership of 6720 shares owned jointly with her grandson.
- 2. Mrs. Robinson also has an indirect ownership interest in 17686 shares held by spouse in a 401(k) Plan based on the most recent plan statement, for which Mrs. Robinson expressly disclaims beneficial ownership of such securities.
- 3. Mrs. Robinson also has an indirect ownership interest in 3616883 shares owned by Gulf Capital Services for which her spouse individually holds a 24% interest in the Partnership, with the remaining partnerships held in equal shares by Trust for the benefit of the reporting person's daughters, with the reporting person as Trustee.
- 4. Mrs. Robinson also has an indirect ownership interest in 3953256 shares held by self as Trustee for daughter, Robin Robinson, securities held directly by Trust, for which Mrs. Robinson expressly disclaims beneficial ownership of such securities.
- 5. Mrs. Robinson also has an indirect ownership interest in 4088792 shares held by self as Trustee for daughter, Jill Robinson, securities held directly by Trust, for which Mrs. Robinson expressly disclaims beneficial ownership of such securities.
- 6. Mrs. Robinson also has an indirect ownership interest in 2124422 shares, of which 877720 shares are held by spouse; 946702 shares held by Delta Life Ins. Co.; and, 300000 shares are held by Delta Fire & Casualty Ins. Co., all of which Mrs. Robinson expressly disclaims any beneficial ownership of such securities.

Remarks:

Janie L. Ryan, POA

08/31/2007

** Signature of Reporting Person

- * 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.