## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	CIAL OWNE	RSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burde	en				
	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

Name and Address of Reporting Person*     WHALEY WILLIAM H					2. Issuer Name and Ticker or Trading Symbol ATLANTIC AMERICAN CORP [ AAME ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					uer		
WHAL	EX VVIL	LIAWI H			1									•	X	Directo	or		10% Ov	vner
(Last) 4370 PE	,	irst) ROAD, N.E.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2006									Officer below)	(give title		Other (s below)	specify	
					4 11	f Amo	ndment	Date	of Ori	ininal I	Eilad	(Month/Day/`	Voar)		6 Ind	ividual or	loint/Grour	n Eiline	(Check Ap	nlicable
(Street)					4. "	AIIIC	nument,	Date	oi Oii	igiriar i	i iicu	(WOTH // Day/	i cai j		Line)	ividuai oi .	JohnyGroup	p i iiii	y (Check Ap	pilcable
ATLAN	ΓA G	Α	30319-305	54										X	Form filed by One Reporting Person				n	
			00010 000													Form filed by More than One Reporting				
(City)	(9)	tate)	(Zip)													Persor	n			
(City)	(3	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	ative	e Sec	curitie	s Ac	quir	red, I	Disp	osed of,	or Be	nefi	cially	Owned	k			
Date			2. Trans Date (Month/I		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		, T	3. Transaction Code (Instr. 8)					4 and Securitie Benefici Owned F		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									c	Code V		Amount	(A) or (D) Pr		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/15	5/200	6				P		1,000	A		\$1. <mark>9</mark>	31,219		D		
Common	non Stock <sup>(1)</sup>														6,000 <sup>(1)</sup>			I	By Spouse as C/F Daughter	
		7	Γable II - ∣	 Derivat	tive \$	Secu	ırities	Acq	uire	d, D	ispo	sed of, o	r Ben	efici	ially (	Owned				
				(e.g., p	uts,	calls	s, warı	ants	s, op	otion	s, c	onvertible	e secu	ıritie	es)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year				7. Title an Amount of Securities Underlyin Derivative Security ( 3 and 4)		5 (	3. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e O s Fe lly D oi	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable		Expiration Date		Amor or Numl of Share	ber					
Option to	\$1.9 <sup>(2)</sup>	05/15/2006			D		1,000		11/15	5/2001 <sup>0</sup>	(2)	05/15/2006 <sup>(2)</sup>	Cmn Stk	1,00	0(2)	(2)	1,000	2)	D	

## **Explanation of Responses:**

- 1. Dr. Whaley also has an indirect ownership interest in 6000 shares owned by his spouse as custodian for their daughter, for which Dr. Whaley expressly disclaims beneficial ownership of such securities.
- 2. Dr. Whaley also holds options to acquire 1000 shares of common stock granted under the Company's 1996 Non-Employee Director Stock Option Plan at an exercise price of \$2.68.

## Remarks:

Janie L Ryan POA 05/23/2006

\*\* Signature of Reporting Person

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.