Edgar Filing: LINCOLN NATIONAL CORP - Form 4

LINCOLN Form 4 July 02, 20	NATIONAL COI	RP	-							
FOR	ЛЛ								PPROVAL	
-	UNITED	STATES S		RITIES A			COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT STATEMENT Statement Statement Statement Section 17(a) of th			ection 1 ublic U	SECUE 16(a) of th	Estimated a burden hou response	Estimated average burden hours per response 0.8				
<i>See</i> Ins 1(b).	truction	50(11) 0	i uie ii	i vestillen	. compu					
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> CUNNINGHAM WILLIAM H DR			2. Issuer Name and Ticker or Trading Symbol LINCOLN NATIONAL CORP				5. Relationship of Reporting Person(s) to Issuer			
			[LNC]				(Check all applicable)			
			 Date of Earliest Transaction (Month/Day/Year) 06/30/2015 			Director 10% Owner Officer (give title Other (specify below)				
			4. If Amendment, Date 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 				
RADNOR	, PA 19087						Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a separate line	e for each clas	ss of sec	urities bene	ficially own	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	ative		(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Unit	<u>(1)</u>	06/30/2015		A		1,523.98		(2)	(2)	Common Stock	1,523.98

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CUNNINGHAM WILLIAM H DR 150 N. RADNOR-CHESTER ROAD RADNOR, PA 19087							
Signatures							
/s/ Charles A. Brawley, III, Attorney-in-Fact		07/02/201	5				
**Signature of Reporting Person		Date					

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) Each Phantom Stock Unit is the equivalent of one share of LNC Common Stock.

Quarterly payment of board retainer and fees in shares of phantom stock accrued under the Deferred Compensation Plan for

(2) Non-Employee Directors (the "Plan"), which are payable solely in shares of the Company's common stock at resignation or retirement. The reporting person may transfer his/her Phantom Stock account into an alternative investment account at any time.

(3) Includes 225.48 shares acquired through dividend reinvestment since the reporting person's last report.

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.