## Edgar Filing: DINKINS MICHAEL - Form 4

Form 4	AEL								
April 03, 2007									PPROVAL
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								N OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations								Expires: Estimated burden hou response	urs per
(Print or Type Respor	nses)								
1. Name and Address of Reporting Person <u>*</u> DINKINS MICHAEL			2. Issuer Name <b>and</b> Ticker or Trading Symbol LANDAMERICA FINANCIAL			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) ( 4951 LAKE BRO SUITE 500	· · · ·	Middle) E,	GROUP INC [LFG]      X_ Director         3. Date of Earliest Transaction      X_ Director         (Month/Day/Year)      Officer (g         04/01/2007      below)				Officer (giv		% Owner her (specify
(	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
GLEN ALLEN,	VA 23060						Person	More than One R	eporting
(City) (	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned
	ansaction Date th/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4) Amount	(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: Report on	a separate line	for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly.		
·	·				Perso inform requir	ns who res nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab					posed of, or convertible	Beneficially Owner securities)	d	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and Expiration	7. Title and Am
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Date	Underlying Sec

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities(Month/Day/Year)Acquired (A) orDisposed of (D)(Instr. 3, 4, and5)		;)	(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A N S
Deferred Stock Units	\$ 0 <u>(1)</u>	04/01/2007		J <u>(1)</u>	142.0647	08/08/1988 <u>(1)</u>	08/08/1988 <u>(1)</u>	Common Stock	1

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DINKINS MICHAEL 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	Х					
Signatures						
By: Anna M. King For: Michael Dinkins	04/03/2007					
**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).

The deferred stock units acquired on the first of the month are the total result of compensation payable for committee and/or Board meeting(s) attendance in the prior month in the form of stock, also as a result of an outside director's quarterly retainer fee payable on the

(1) first day of the quarter in the form of stock, all based on the closing price of the issuer's stock on the first day of the current month. There is no conversion or exercise price of derivative security (Box 2), or no exercisable or expiration date (Box 6) for this transaction.

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.