Edgar Filing: MEE MICHAEL F - Form 4/A

| MEE MICHAE | LF | | | | | | | | |
|--------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| Form 4/A | | | | | | | | | |
| October 26, 200 |)4 | | | | | | | | |
| FORM 4 | 1 | | | | | | | PPROVAL | |
| | UNITED | STATES | | RITIES AND E ashington, D.C. | | COMMISSIO | N OMB Number: | 3235-0287 | |
| Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations | STATEN Filed put | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 | | | | nge Act of 1934 | Estimated burden hou response | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| obligations may continue <i>See</i> Instructio 1(b). | <i>.</i> | | | Jtility Holding C nvestment Comj | • • | | ion | | |
| (Print or Type Resp | oonses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MEE MICHAEL F | | | 2. Issuer Name and Ticker or Trading Symbol LINCOLN NATIONAL CORP [LNC] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) CENTRE SQUARE WEST TOWER, 1500 MARKET ST., SUITE 3900 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2004 | | | X Director Officer (gi below) | | % Owner her (specify | |
| | | | endment, Date Orig onth/Day/Year) 2004 | inal | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Tal | ole I - Non-Derivat | ive Securities A | | of, or Beneficia | lly Owned | |
| | Transaction Date onth/Day/Year) | | ed Date, if | 3.4. SectTransactionAcquirCodeDispose | rities red (A) or sed of (D) 3, 4 and 5) (A) or | 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 | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if Transaction Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--------|----------------------------------------------------------------|---------------------|---------------------------------------------------------------------|-----------------|----------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to | \$ 47.58 (1) | 03/11/2004 | | А | 3,000 (2) | 03/11/2005 | 03/11/2014 | Common Stock | 3,000 |

Reporting Owners

Buy)

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------------------------------------------------|---------------|-----------|----------|-------|--|--|
| FB | Director | 10% Owner | Officer | Other | | |
| MEE MICHAEL F CENTRE SQUARE WEST TOWER 1500 MARKET ST., SUITE 3900 | Х | | | | | |
| PHILADELPHIA, PA 19102 | | | | | | |
| Signatures | | | | | | |
| C. Suzanne Womack, POA for Michae | el | | | | | |
| F. Mee | 10/26/2004 | | | | | |
| **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) This form is being amended to reflect the correct transaction date.

(2) 25% of the stock option vests each year starting on the first anniversary of the date of grant.

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.