## Edgar Filing: CORNELIO CHARLES C - Form 4

CORNELIO	CHARLES C										
Form 4											
July 20, 2010											
FORM	4 UNITED S	SECUR	SECURITIES AND EXCHANGE COMMISSION						PPROVAL		
	UNITEDS	IAILC	Washington, D.C. 20549						OMB Number:	3235-0287	
Check this		Washington, D.C. 2037)									
if no long subject to	er STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Section 16	SECURITIES							Estimated average burden hours per			
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Sect					a		1		response 0.5		
obligation	· ·							ge Act of 1934,			
may conti	nue.		of the Inv	•	•	- ·		f 1935 or Sectio	011		
See Instru 1(b).	ction	50(11)	of the my	vestillent v	compan	y 1100	. 01 17	10			
(Print or Type R	esponses)										
1. Name and Ad	2. Issuer	2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
CORNELIO	Symbol										
			LINCOLN NATIONAL CORP					(Check all applicable)			
			[LNC]					(Check an applicable)			
(Last)	(First) (Middle) 3. Da			Date of Earliest Transaction				Director 10% Owner			
				Month/Day/Year)				_X_ Officer (give title Other (specify below) below)			
150 N. KAD	NOK-CHESTER	ROAD	07/16/20	010				Presiden	t - Defined Con	ntrib.	
	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					
RADNOR, F	PA 19087							Form filed by M	More than One R		
								Person			
(City)	(State) (State)	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3. 4. Securities					6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	any	on Date, if	TransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(11511-0)			Day/Year)					Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/16/2010			А	578 <u>(1)</u>		\$0	103,866.27	D		
Stock	0//10/2010			11	570 <u>· · ·</u>	11	ψυ	105,000.27	D		
Common								685.88 <u>(2)</u>	I	By 401(k)	
Stock								005.00 <u>· · ·</u>	1	Dy = OI(K)	

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

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CORNELIO CHARLES C 150 N. RADNOR-CHESTER ROAD RADNOR, PA 19087			President - Defined Contrib.					
Signatures								
/s/ Charles A. Brawley, III, Attorney-in-Fact	07/2	0/2010						
**Signature of Reporting Person	Ι	Date						
Evaluation of Deenen								

## 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).

These shares represent a portion of the reporting person's bi-weekly salary for the most recent pay period in compliance with the Capital
 Purchase Program and were issued under the 2009 Amended and Restated LNC Incentive Compensation Plan. For more information, please see the Current Report on Form 8-K filed by LNC on November 6, 2009.

(2) Represents routine transactions in the Company's 401(k) Plan from 6/1/2010 to 7/1/2010.

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.