Edgar Filing: Allegiant Travel CO - Form 4

Allegiant Tr	avel CO													
Form 4														
May 31, 200)7													
FORM	Λ4				~ .						OMB A	PPROVAL		
	UNITE	D STATES		RITIE: shingt					IGE CO	OMMISSION	OMB Number:	3235-0287		
Check th											Expires:	January 31,		
subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSHIP O						ERSHIP OF	Estimated average 200			
	Section 16. S					SECURITIES						burden hours per		
Form 4 o Form 5	Form 4 or								response					
obligatio	· · · · · · · · · · · · · · · · · · ·								•	Act of 1934,				
may con	Section 1			•		-	-			1935 or Section	1			
See Instr	ruction	30(n)	of the II	ivestm	ent		mpany	Act	01 1940					
1(b).														
(Print or Type	Responses)													
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to							
Marvin Linda A Symbo										Issuer				
				egiant Travel CO [ALGT]						(Check all applicable)				
(Last)	(First)	(Middle)	3. Date o	f Earlies	st T	ransa	action			(Cheer		<i>(</i>)		
(Month/			(Month/I	Ionth/Day/Year)						Director 10% Owner				
	JFFALO DRIV	E, SUITE	05/30/2	2007					-	_X_ Officer (give below)	title Othe below)	er (specify		
B-9									·	· · · · · · · · · · · · · · · · · · ·	Managing Dire	ector		
	(Street)		4. If Am	endment	. D	ate O	riginal		(6. Individual or Joi	nt/Group Filir	1g(Check		
										Applicable Line)				
									-	_X_ Form filed by O	1 0			
LAS VEGA	AS, NV 89129								Ī	Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - No	on-I	Deriv	ative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Deen	ned	3.		4. S	Securitie	es Acqu	uired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea	r) Execution any	n Date, if		ctic		Dispose			Securities	Ownership	Indirect		
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					and 5)		Beneficially Owned	Form: Direct (D)	Beneficial Ownership			
			Jay/ I cal)	(msu.	0)					Following	or Indirect	(Instr. 4)		
								(A)		Reported	(I)			
								(A) or		Transaction(s)	(Instr. 4)			
				Code	V	A	mount	(D)	Price	(Instr. 3 and 4)				
Common Stock	05/30/2007			S		150	0,000	D	\$ 31.75	237,500	D			

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)

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. Transact Code (Instr. 8)	nsactionNumber Expirati le of (Month/			Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: Allegiant Travel CO - Form 4

Reporting Owners

Reporting Owner Name / Address	Idress Relationships								
Director	10% Owner	Officer	Other						
Marvin Linda A 3301 N. BUFFALO DRIVE SUITE B-9 LAS VEGAS, NV 89129		CFO and Managing Director							
Signatures									
Robert B. Goldberg, under Power of Attorney	(05/31/2007							
** Signature of Reporting Person		Date							
Explanation of Respon	ses:								

* 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. 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.