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Allard Scott	Matthew										
Form 4											
April 30, 20	13										
FORM	14							OMB AF	PROVAL		
	UNITE	ED STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	•	2005	
Section 1	6.			SECUR	ITIES			Estimated average burden hours per			
Form 4 o									response	. 0.5	
Form 5 obligatio	n o -	-					-	e Act of 1934,			
may cont See Instru 1(b).	tinue. Section		Public U) of the In	•	•	· ·		E 1935 or Section 40	n		
(Print or Type I	Responses)										
Allard Scott Matthew Symbol				suer Name and Ticker or Trading ol giant Travel CO [ALGT]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	c	f Earliest Tr	_	1		(Check	k all applicable)	
(Last)	(First)	(Mildule)	(Month/E		ansaction			Director	10%	Owner	
8360 SOUT	'H DURANGO	O DRIVE	04/29/2	-				Officer (give below)		er (specify	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
Filed(Mor				nth/Day/Year	-			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
LAS VEGA	S, NV 89113							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			on Date, if	Code (Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	04/29/2013			S	2,421	D	\$ 89.84	10,224	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)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ve es d		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Allard Scott Matthew 8360 SOUTH DURANGO DRIVE LAS VEGAS, NV 89113			Chief Information Officer			
Signatures						
Robert B. Goldberg, under power of attorney						
**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).

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.