Edgar Filing: Allegiant Travel CO - Form 4

Form 4												
March 27, 20 FORM Check this if no longe subject to Section 16 Form 4 or	4 UNITED S	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a											
(Print or Type R	esponses)											
ELLMER GARY Symbol			Name and	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer					
			Allegiant Travel CO [ALGT]					(Check all applicable)				
			of Earliest Transaction /Day/Year) /2017				X_ Director10% Owner Officer (give titleOther (specify below)					
				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
PORTSMOU	JTH, NH 03801							Person	Aore than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		on Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	03/24/2017			S	580	D	\$ 162	2,255	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)

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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)	4. Transact Code (Instr. 8)	of Der Sect Acq (A) Disp of (I (Ins	onNumber Expi of (Mor		Exercisable and 7. Title on Date Amoun Day/Year) Under Securi (Instr.		unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code N	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ELLMER GARY								
448 LANG ROAD	Х							
PORTSMOUTH, NH 03801								
Signatures								
Robert B. Goldberg, under pow attorney	03/27/2017							
<u>**</u> 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.