Edgar Filing: Allegiant Travel CO - Form 4

Form 4	aver CO										
March 10, 20										PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940						e Act of 1934, 1935 or Sectior	Expires: January 31 2005 Estimated average burden hours per response 0.5				
(Print or Type l	Responses)										
1. Name and Address of Reporting Person <u>*</u> Bricker Jude			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	Allegiant Travel CO [ALGT] 3. Date of Earliest Transaction					(Check	all applicable)	
1201 NORTH TOWN CENTER DRIVE			(Month/Day/Year) 03/06/2015					Director 10% Owner X Officer (give title Other (specify below) below) SVP - Planning			
				If Amendment, Date Original ed(Month/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 			
LAS VEGA	AS, NV 89144							Person	ore than One Rej	oorung	
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		n Date, if	Code (Instr. 3, 4 and 5)			5. Amount of Securities6.BeneficiallyForm: DirectOwned(D) orFollowingIndirect (I)Reported(Instr. 4)Transaction(s)(Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	02/06/2015			Code V			Price \$		D		
Stock	03/06/2015			F	252 <u>(1)</u>	D	186.15 (2)	7,282	D		
Common Stock	03/08/2015			F	290 <u>(3)</u>	D	\$ 186.15 (2)	6,992	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.

Edgar Filing: Allegiant Travel CO - Form 4

 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	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		
Bricker Jude 1201 NORTH TOWN CENTER DRIVE LAS VEGAS, NV 89144			SVP - Planning			
Signatures						
Robert B. Goldberg, under power of attorney	()3/10/2015				
**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) Beneficial owner granted shares of restricted stock on 3/6/14 with vesting over three years. Upon vesting, beneficial owner returned to Company a portion of the vested shares for tax withholding purposes.
- (2) Shares of restricted stock effectively repurchased by Company at \$186.15 per share to fund the beneficial owner's required tax withholding.
- (3) Beneficial owner granted shares of restricted stock on 3/8/15 with vesting over three years. Upon vesting, beneficial owner returned to Company a portion of the vested shares for tax withholding purposes.

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.