## Edgar Filing: Allegiant Travel CO - Form 4

Allegiant Tra	avel CO									
Form 4 June 07, 201	3									
									OMB AF	PROVAL
FORM	UNITEL	) STATES		RITIES A shington			ANGE C	COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Section 16.					BENI RITIE		NERSHIP OF	Expires: January 31 200 Estimated average burden hours per		
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pu ns Section 17	7(a) of the 1		tility Ho	lding C	Compan	y Act of	e Act of 1934, f 1935 or Section 40	response	0.5
(Print or Type F	Responses)									
1. Name and A Bricker Jude	ddress of Reportin	g Person <u>*</u>	Symbol	r Name <b>an</b> nt Travel			ing	5. Relationship of Issuer		
(Last)	(First)	(Middle)	3. Date of	f Earliest 7	ransacti	on		(Chec.	k all applicable	)
8360 SOUT	H DURANGO	DRIVE	(Month/D 06/07/20	-				Director X Officer (give below) SV		Owner er (specify
	(Street)			ndment, D nth/Day/Yea	-	inal		6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-
LAS VEGA	S, NV 89113							Form filed by M Person	Iore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-	Derivati	ive Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any		3. Transact Code (Instr. 8) Code V	ion(A) or (Instr	r Dispose . 3, 4 and (A) or	15)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial
Common Stock	06/07/2013			S	726	D	\$ 98.18	8,272	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)	4. Transac Code (Instr. 3	of		umber Expiration Date (Month/Day/Year) erivative ecurities cquired A) or		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
				C	of (D) Instr. 3,						(Instr
					(insu: 5, 4, and 5)						
			Code	V (	(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				
Bricker Jude 8360 SOUTH DURANGO DRIVE LAS VEGAS, NV 89113			SVP - Planning					
Signatures								
Robert B. Goldberg, under power of attorney		06/07/2	2013					
**Signature of Reporting Person		Date						
Evalenation of Doon		<b>.</b> .						

## **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.