Edgar Filing: Allegiant Travel CO - Form 4

Allegiant Travel CO Form 4 March 09, 2016 FORM 4 UNITED STATE	S SECURITIES A Washington,			OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287		
Washington, D.C. 20549 Number: 3235-0267 Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Expires: January 31 Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Expires: 0.5 Filed pursuant to Section 16(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 0.5 (Print or Type Responses) Sector Type Responses Sector Type Responses Sector Type Responses								
1. Name and Address of Reporting Person <u>*</u> Anderson Gregory Clark	2. Issuer Name and Symbol Allegiant Travel			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 1201 NORTH TOWN CENTER 03/06/2016 DRIVE				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Principal Accounting Officer				
(Street) LAS VEGAS, NV 89144	4. If Amendment, Date Original Filed(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 				
(City) (State) (Zip)	Table I. Nov. I)		Person	an Danafiaiall	O d		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dec Execution any	med 3.	4. Securities on(A) or Dispo (Instr. 3, 4 a (A)	s Acquired osed of (D)	iired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Common 03/06/2016 Stock	Code V F	Amount (1) 42 (1) D	D) Price \$ 172 (2)	5,319	D			
Common 03/08/2016 Stock	F	63 <u>(3)</u> D	$\begin{array}{c} \$ \\ 166.84 \\ ^{(4)} \end{array}$	5,256	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int 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			
Anderson Gregory Clark 1201 NORTH TOWN CENTER DRIVE LAS VEGAS, NV 89144			Principal Accounting Officer				
Signatures							
Robert B. Goldberg, under power of attorney	()3/09/2016					
**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 3/6/2014 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 \$172.00 per share to fund the beneficial owner's required tax withholding.
- (3) Beneficial owner granted shares of restricted stock on 3/8/2013 with vesting over three years. Upon vesting, beneficial owner returned to Company a portion of the vested shares for tax withholding purposes.
- (4) Shares of restricted stock effectively repurchased by Company at \$166.84 per share to fund the beneficial owner's required tax withholding.

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.