## Edgar Filing: Allegiant Travel CO - Form 4

Allegiant Tra	avel CO											
Form 4												
June 05, 201	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check th if no long									Expires:	January 31,		
subject to		IENT OF C		IGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 verage		
Section 1	6.	S							burden hours pe			
Form 4 o Form 5		~			~ ·				response	0.5		
obligatio	<b>n</b> o -						-	e Act of 1934,				
may cont			•		•	· ·	•	1935 or Section	l			
See Instr	uction	50(II) 0I	the Investm	ent	Compar	iy Ac	21 01 194	0				
1(b).												
(Print or Type I	Responses)											
	Address of Reporting	Person <u>*</u> 2	2. Issuer Name	and	Ticker or	Tradi	ng	5. Relationship of	Reporting Person(s) to			
ELLMER GARY Symbol				-				Issuer				
Allegiar			llegiant Trav	vel (	CO [AL	GT]		(Check all applicable)				
(Last) (First) (Middle) 3. Date of			Date of Earlies	of Earliest Transaction				(encek an applicable)				
448 LANG ROAD         06/05/20           (Street)         4. If Ame			Ionth/Day/Yea	/Day/Year)				X_ Director		Owner		
			5/05/2015					Officer (give titleOther (specify below)				
			If Amendment	endment, Date Original				6. Individual or Joint/Group Filing(Check				
			led(Month/Day/	Year)	)			Applicable Line)				
						_X_ Form filed by One Reporting Person Form filed by More than One Reporting						
PORISMO	UTH, NH 03801							Person				
(City)	(State)	(Zip)	Table I - No	on-D	erivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date		3.		4. Securi			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Da		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Ownership Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/	Code Year) (Instr.		(instr. 5,	4 and	3)	Beneficially Owned	(D) or	Ownership		
		· · · ·	/ 、	ĺ				Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
						or		(Instr. 3 and 4)				
C			Code	V	Amount	(D)	Price	(				
Common Stock	06/05/2015		S		300	D	\$ 165.06	2,120	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		;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative	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**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
ELLMER GARY								
448 LANG ROAD	Х							
PORTSMOUTH, NH 03801								
Signatures								
Robert B. Goldberg, under pow attorney	ver of	06/05/2015						
**Signature of Reporting Persor	1		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.