FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APF                  | PROVAL |  |  |  |  |  |  |
|--------------------------|--------|--|--|--|--|--|--|
| OMB Number: 3235-01      |        |  |  |  |  |  |  |
| Estimated average burden |        |  |  |  |  |  |  |
| hours per response       | e: 0.5 |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| LI SUSAN J Requirements of Reporting Person Requirements of Re |         |       | Date of Event equiring Staten Month/Day/Year 5/03/2018         | nent                             | 3. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP, INC. [ ALK ] |                  |  |  |   |   |  |
|--|---------|-------|--|----------------------------------|--|------------------|--|--|---|---|--|
| (Last) (First) (Middle) 19300 INTERNATIONAL BLVD   |         |       |  |                                  | ationship of Reporting Perso<br>k all applicable)<br>Director              | son(s) to Issuer |  | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |  |
| 19300 INTERNATIONAL BLVD   |         |       |  |                                  | Officer (give title below)   |                  | Other (specify below)                  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |   |  |
| (Street) SEATTLE   | WA      | 98188 |  |                                  |  |                  |  |  |   | y More than One                                       |  |
| (City)   | (State) | (Zip) |  |                                  |  |                  |  |  |   |   |  |
| Table I - Non-Derivative Securities Beneficially Owned   |         |       |  |                                  |  |                  |  |  |   |   |  |
| 1. Title of Security (Instr. 4)  |         |       |  | Beneficially Owned (Instr. 4) Fo |  |                  |  | Nature of Indirect Beneficial Ownership<br>Instr. 5)     |   |   |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities)  |         |       |  |                                  |  |                  |  |  |   |   |  |
| 1. Title of Derivative Security (Instr. 4)   |         |       | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                  | 3. Title and Amount of Securi<br>Underlying Derivative Securit             |                  | ty (Instr. 4) Conve                    |  | ise Form:   | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |  |
|  |         |       | Date<br>Exercisable  | Expiration Date                  | n Title  | e                | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivativ<br>Security                        |   |   |  |

**Explanation of Responses:** 

No securities are beneficially owned.

/S/ JEANNE E GAMMON,
ATTORNEY IN FACT FOR
SUSAN J. LI

\*\* Signature of Reporting Person Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.