FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

EXCHANGE COMMISSION	OMB APPROVAL					
0549	OMB Number: 323	35-0287				
	Estimated average burden					
NEFICIAL OWNERSHIP	hours per response:	0.5				

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

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

1. Name and Address of Reporting Person* PEDERSEN BRANDON			2. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP, INC. [ALK]									Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow							
(Last) (First) (Middle) 19300 INTERNATIONAL BLVD				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2017								X	Officer below)	Officer (give title		Other (s	pecify		
(Street) SEATTLI (City)	E WA		8188 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	·						
		Table	e I - I	Non-Deriv						Dis	1								
Date			2. Transacti Date (Month/Day	/Year)	Execution Date,) if any			3. Transac Code (Ir 8)		4. Securities Acquired (Disposed Of (D) (Instr. 5)			5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)	: Direct	7. Nature of Indirect Beneficial Ownership		
					(20	.,, ,	Code	v	Amount	(A) (D)	or	Price	Followin Reported Transact (Instr. 3	d tion(s)	(Instr		Instr. 4)	
COMMON STOCK 02				02/11/20	017				A ⁽¹⁾		5,180	A	1	\$0	21,	,180		D	
RESTRICTED STOCK UNIT 02/1				02/11/20	2017				J ⁽²⁾		5,180	Ι)	\$0	8,1	,180		D	
COMMON STOCK 02/1			02/11/20	017				F ⁽³⁾		1,727	4) I)	\$97.35	19,	,453		D		
COMMON STOCK 02/13/20				017				M ⁽⁵⁾		1,972	A	1	\$38.755		21,425		D		
COMMON STOCK 02/13/20				017		S ⁽⁵⁾		1,972	Ι)	\$97.46	19,	19,453		D				
			Tal	ble II - Deri (e.g.							osed of, onvertib				vned				
Security or Exercise (Month/Day/Year) if any		ution Date, Trans		e (Instr. of De Se Ac (A) Dis		mber rivative curities quired or sposed (D) str. 3, nd 5)	6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4		g Security Id 4)	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefici Owned Followi Reporte Transac (Instr. 4	ive ies sially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title		Amount or Number of Shares					
EMPLOYEE STOCK OPTION (RT TO BUY)	\$ 38.755	02/13/2017			M ⁽⁵⁾			1,972	02/11/201	5 ⁽⁶⁾	02/11/2024	COMM		1,972	\$0	2,91	8	D	

Explanation of Responses:

- 1. COMMON SHARES ACQUIRED UPON VESTING OF RESTRICTED STOCK UNITS AWARDED UNDER THE ISSUER'S 2008 PERFORMANCE INCENTIVE PLAN.
- $2.\; {\tt FULLY}\; {\tt VESTED}\; {\tt RESTRICTED}\; {\tt STOCK}\; {\tt UNITS}\; {\tt ISSUED}\; {\tt IN}\; {\tt ALASKA}\; {\tt AIR}\; {\tt GROUP}\; {\tt COMMON}\; {\tt STOCK}.$
- ${\tt 3.~COMMON~SHARES~FORFEITED~TO~COVER~PAYROLL~TAXES~UPON~VESTING~OF~RESTRICTED~STOCK~UNITS.}\\$
- 4. PRICE PROVIDED IN COLUMN 4 REPRESENTS THE FMV OF THE SHARES ON THE DATE OF FORFEITURE.
- 5. SAME-DAY EXERCISE OF OPTIONS AND SALE EFFECTED PURSUANT TO A RULE 10b5-1 TRADING PLAN ADOPTED BY MR. PEDERSEN ON 4/26/2016.
- 6. REMAINING OPTIONS INCLUDE 472 VESTED AND 2,446 VESTING ON 02/11/2018.

/S/ JEANNE E. GAMMON, ATTORNEY IN FACT FOR BRANDON S. PEDERSEN

 $\underline{02/14/2017}$

** Signature of Reporting Person D

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

^{*} 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).

Persons who respond to the collection	on of information contained in this	form are not required to respond	d unless the form displays a curre	ently valid OMB Number.