FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

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

| Name and Address of Reporting Person* Conner Raymond L. | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP, INC. [ALK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--|--|--|------------------------------|---|---|--------------|------------------|--|---------|--------------------------------------|----------|---|----------------|---|--|---|---|--|
| (Last) (First) (Middle) 19300 INTERNATIONAL BLVD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2018 | | | | | | | | | X | | er (give title | | 10% Owner Other (specify below) | |
| (Street) SEATTL | | | 8188 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Forn | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting Ison | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or I | 3ene | ficially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution ay/Year) if any | | | cution Date, | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D | or I | Price | Trans | action(s) 3 and 4) | | | (111511.4) |
| COMMON STOCK 05/03/2 | | | | | | 2018 | | A ⁽¹⁾ | | 1,589(2 | 2) A \$ | | \$62.92 | | 2,011 | |) | | |
| | 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) | 3A. Deem Execution if any (Month/Da | Date, Transacti Code (Ins | | | | | 6. Date E Expiratio (Month/D | n Dat | Amou Ar) Secur Under Deriva | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numl of Share | per | | | | | |

Explanation of Responses:

1. COMMON SHARES GRANTED UNDER ALASKA AIR GROUP'S 2016 PERFORMANCE INCENTIVE PLAN IN CONNECTION WITH THE REPORTING PERSON'S RE-ELECTION TO SERVE ON THE COMPANY'S BOARD OF DIRECTORS UNTIL THE 2019 ANNUAL STOCKHOLDERS MEETING.

2. THE PRICE REPORTED IN COLUMN 4 REPRESENTS THE COST BASIS FOR THE SHARES ISSUED.

/S/ JEANNE E GAMMON, ATTORNEY IN FACT FOR 05/07/2018 RAYMOND L CONNER

** Signature of Reporting Person Date

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

- * 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.

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.