FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

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* TILDEN BRADLEY D | | | | ALA | 2. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP, INC. [ALK] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|---------|------|--|---|---|-------------------|---|---|---|---|-------------|---|-------------------------------|---|--|--|---|
| (Last) 19300 IN | (Fir: | st) (N ONAL BLVD | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/19/2016 | | | | | | | | | | belov | , | Other below SIDENT AN | , |
| (Street) SEATTL (City) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | 3, 4 Se Be Ov | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | е | Following Reported Transaction(s) (Instr. 3 and 4) | | (111341. 4) | (111541. 4) | | |
| COMMO | N STOCK 4 | | | | | | | | | | | | | 5,473 | I | ESOP TRUST | | | |
| RESTRIC | | | | | | | | | | | | 2 | 3,900 | D | | | | | |
| COMMO | | | | | | | | | | | 18,405 | | I | GRAT | | | | | |
| COMMON STOCK 04/19/2 | | | | | | 2016 | | | S ⁽³⁾ | | 5,000 |) | D | \$82 | 2.36 1 | | 61,457 | D | |
| 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) | vative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Ex Expiration (Month/Da | е | Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | of Deri Secu | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V (A) (D) | | Date Exercisab | ate Expirat xercisable Date | | Title | or Nui of | nber res | | | | | | |

Explanation of Responses:

- $1.\ COMMON\ SHARES\ HELD\ IN\ THE\ ALASKA\ AIR\ GROUP\ INC.\ EMPLOYEE\ STOCK\ OWNERSHIP\ 401(K)\ PLAN\ TRUST,\ AS\ OF\ 12/31/15.$
- $2. \ STOCK \ UNITS \ AWARDED \ UNDER \ THE \ ISSUER'S \ 2008 \ PERFORMANCE \ INCENTIVE \ PLAN; \ SUBJECT \ TO \ FORFEITURE.$
- 3. SALE OF SHARES EFFECTED PURSUANT TO A RULE 10b5-1 TRADING PLAN ADOPTED BY MR. TILDEN ON 3/2/2015.

/S/ JEANNE E. GAMMON, ATTORNEY IN FACT FOR 04/21/2016 BRADLEY D. TILDEN

** Signature of Reporting Person 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.

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.

^{*} 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).