

Bricker Jude
Form 3
May 04, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Bricker Jude		(Month/Day/Year)	Allegiant Travel CO [ALGT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		04/24/2012		
3387 ANTIQUE ROSE DRIVE			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP - Planning	
LAS VEGAS,Â NVÂ 89135			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	15,480 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		(I) (Instr. 5)	
Stock Option (right to buy)	Â (2)	05/25/2016	Common Stock	9,000	\$ 13	D	Â
Stock Option (right to buy)	Â (3)	04/24/2013	Common Stock	7,500	\$ 20.42	D	Â
Stock Option (right to buy)	Â (4)	01/23/2014	Common Stock	7,500	\$ 38.32	D	Â
Stock Appreciation Right (5)	Â (5)	03/25/2016	Common Stock	9,649	\$ 42.22	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bricker Jude 3387 ANTIQUE ROSE DRIVE LAS VEGAS, NV 89135	Â	Â	Â SVP - Planning	Â

Signatures

Robert B. Goldberg, under power of attorney
Date: 05/04/2012

__Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) Of these shares, 1,166 shares are shares of restricted stock vesting on 2/16/13; 4,643 shares are shares of restricted stock vesting 1/3 on each of 2/8/13, 2/8/14 and 2/8/15; and 3,000 shares are shares of restricted stock vesting 1/3 on each of 4/24/13, 4/24/14 and 4/24/15.
- (2) Stock option grant on 5/25/06 with vesting over three years.
- (3) Stock option grant on 4/24/08 with vesting over three years.
- (4) Stock option grant on 1/23/09 with vesting over three years.
- (5) Stock Appreciation Right granted 3/25/11 exercisable 1/3 on each of 3/25/12, 3/25/13 and 3/25/14.

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.