## Edgar Filing: HARRISON ANDREW R - Form 4/A

HARRISON A	NDREW R											
Form 4/A												
February 01, 2	013											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							UNIMISSION	OMB Number:	3235-0287			
Check this if no longer									Expires:	January 31,		
subject to		<b>CHANGES IN BENEFICIAL OWN</b>					Estimated a	2005 verage				
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5	Filed av	mont to	Santian 160	(a) of the	Saguriti	o Er	ahanaa	A at of $1024$	response	0.5		
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may continu	ue.		of the Inve	•	<b>•</b> •				L			
See Instruct 1(b).	10n	50(11)		estiment c	Joinpuny	1100	01 19 10	,				
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person *2. IssuerHARRISON ANDREW RSymbol				south i faile and i feller of i faaling				5. Relationship of Reporting Person(s) to Issuer				
A			•	ALASKA AIR GROUP, INC.				(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of E	larliest Trar	isaction			Director		Owner		
(Month/Da19300 INTERNATIONAL BLVD12/31/20				-			Officer (give t below)	itle Othe below)	r (specify			
				)12				VP/PLNG & REV MGMT				
(Street) 4. If Amer			4. If Amend	ndment, Date Original				6. Individual or Joint/Group Filing(Check				
				Aonth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
SEATTLE, W	A 98188		01/03/201	13				_A_ Form filed by Mo Form filed by Mo Person				
(City)	(State)	(Zip)	Table	I - Non-Dei	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	any							5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)			
COMMON STOCK	12/31/2012			F <u>(1)</u>	1,518 (2)	D	\$ 42.73	5,170	D			

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships	
1	Director	10% Owner	Officer	Other
HARRISON ANDREW R 19300 INTERNATIONAL BLVD SEATTLE, WA 98188			VP/PLNG & REV MGMT	
Signatures				
JEANNE E GAMMON, ATTORN HARRISON	EY IN FA	ACT FOR A	NDREW R.	02/01/2013
**Signature	of Reporting	Person		Date

## **Explanation of Responses:**

- 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).
- COMMON SHARES FORFEITED TO COVER PAYROLL TAXES UPON VESTING OF PERFORMANCE STOCK UNITS ON (1) 12/31/12.

THE NUMBER OF SHARES FORFEITED TO COVER PAYROLL TAXES WAS REPORTED INCORRECTLY ON FORM 4 DATED 1/3/13 WHICH ALSO RESULTED IN INCORRECTLY STATING SHARES BENEFICIALLY OWNED IN COLUMN 5.

(2) THIS AMENDED REPORT PROVIDES THE CORRECT NUMBER OF SHARES FORFEITED. TOTAL COMMON SHARES BENEFICIALLY OWNED IN COLUMN 5 WAS PREVIOUSLY CORRECTED ON THE FORM 4 FILED ON 1/31/13 AND IS RESTATED ON THIS AMENDMENT.

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.