Edgar Filing: Pollard Charles W. - Form 4

Pollard Charle	es W.									
Form 4										
June 14, 2011										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL	
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longer									January 31,	
subject to	GES IN BENEFICIAL OWN				NERSHIP OF	Expires: Estimated a	2005 average			
Section 16.	SECURITIES						burden hours per			
Form 4 or Form 5		a		~	-			response 0.		
obligations	-	ant to Section 16					-			
may contin	Nection 1 / 91	of the Public Ut	•	•	- ·			n		
See Instruc	tion	30(h) of the Inv	vestment	Company	y Act	t of 19	40			
1(b).										
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or				Ticker or 7	Гradin	ıg	5. Relationship of	f Reporting Per	son(s) to	
Pollard Charl					Issuer					
Allegian			egiant Travel CO [ALGT]				(Check all applicable)			
(Last)	(First) (Mic	ddle) 3. Date of	Earliest Tra	insaction						
			Ionth/Day/Year)			X Director		o Owner		
50 CRESCENT 06/14/20 AVENUE, SECOND CLIFF			.4/2011			Officer (give below)	below)	er (specify		
AVENUE, SI	ECOND CLIFF									
			nendment, Date Original			6. Individual or Joint/Group Filing(Check				
			lonth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
SCITUATE,	MA 02066							More than One Re		
SCHUAIE,	WIA 02000						Person			
(City)	(State) (Z	ip) Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Year)	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned		Beneficial Ownership	
		(Wohth/Day/Tear)	(111501.0)	(11301. 5,	- and	5)	Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	06/14/2011		А	1,000	А	\$ 0 (1)	4,000	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)

Reporting Owners

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative		-		Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						``
					4, and 5)						
					,, und c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Pollard Charles W. 50 CRESCENT AVENUE SECOND CLIFF SCITUATE, MA 02066	Х						
Signatures							
Robert B. Goldberg, under pow attorney	ver of	06/14/2011					
**Signature of Reporting Person	L		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).
- (1) Automatic grant of restricted stock on date of the annual stockholder meeting. Vesting on June 14, 2012.

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.