Edgar Filing: Allegiant Travel CO - Form 4

Allegiant Tr	avel CO									
Form 4	<									
November 26, 2007										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL	
	UNITED		ashington			GEC		OMB Number:	3235-0287	
Check th			(usington, Diet 200 i)					Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Expires: 2005 Estimated average burden hours per		
Section 16. SECURITIES										
Form 4 c Form 5	Form 4 or							response	0.5	
obligatio	n o *	suant to Section				•				
may con	tinue. Section 17(a	30(h) of the Public					1935 or Section	n		
See Instr 1(b).	uction	50(II) 01 the	mvesunem	Company	Acti	JI 19 4	0			
1(D).										
(Print or Type]	Responses)									
1 Name and A	ddaaa of Doorseting 1	D *					5 Deletienshin of	Dama et in a Dam		
1. Name and Address of Reporting Person * 2. Issuer FALK MICHAEL Symbol				r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
	iant Travel CO [ALGT]									
			Date of Earliest Transaction				(Check all applicable)			
			of Earliest Transaction /Day/Year)			_X_ Director10% Owner				
ONE NORTH CLEMATIS 10/19/2			-			Officer (give title Other (specify				
STREET, SUITE 300 below)							below)			
(Street) 4. If Ame			mendment, Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check			
Filed(Mon				r)			Applicable Line)			
_X_Form filed by CForm filed by MForm filed by M							ne Reporting Person fore than One Reporting			
WEST PALM BEACH, FL 33401										
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es Acq	uired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date,		Transaction(A) or Disposed of (D)				Form: Direct		
(Instr. 3)	(Instr. 3) any Code (Instr. 3) (Month/Day/Year) (Instr. 8)			(Instr. 3, 4	tr. 3, 4 and 5) Benef Owne			(D) or Indirect (I)	Beneficial Ownership	
			, (,				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
					or	р.	(Instr. 3 and 4)			
			Code V	Amount	(D)	Price			See	
Common	10/19/2007		J (1)	132,820	D	\$0	1,511,496	Ι	Footnote	
Stock				,					(2)	
Common			-(2)							
Stock	10/19/2007		J <u>(3)</u>	54,837	А	\$0	65,203	D		

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

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 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)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FALK MICHAEL ONE NORTH CLEMATIS STREET SUITE 300 WEST PALM BEACH, FL 33401	Х						
Signatures							
Robert B. Goldberg, under power of attorney	11/26/2007						
**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).
- (1) Distribution of shares of limited liability company.
- (2) By limited liability companies controlled by Mr. Falk.
- (3) Received distribution of shares from limited liability company.

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.