## Edgar Filing: ALBRECHT W STEVE - Form 4

ALBRECHT	W STEVE										
Form 4											
February 09, 2	2018										
									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this			0 /					Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				BENEFI	CIA	LOW	<b>NERSHIP OF</b>		2005		
subject to Section 16			SECUR	ITIES				Estimated average burden hours per response 0.			
Form 4 or											
Form 5	Filed purs	suant to Section	16(a) of the	e Securiti	es Ez	kchang	ge Act of 1934,	·			
obligations	Section 17(s						of 1935 or Sectio	n			
may contin See Instruc		30(h) of the	Investment	Company	y Act	of 19	40				
1(b).											
(Print or Type Re	esponses)										
	dress of Reporting I	Person <u>*</u> 2. Iss	ier Name <b>and</b>	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
ALBRECHT	WSTEVE	Symbo									
		SKYV	VEST INC	[SKYW]			(Chec	ck all applicable	<u>,</u>		
(Last) (First) (Middle) 3. Date o			of Earliest Tr	ansaction			(end	in an approach	-)		
		(Month	/Day/Year)				_X_ Director		b Owner		
444 S RIVEF	R ROAD	02/07	/2018				Officer (give below)	title Oth below)	er (specify		
		4 76 4	1				,	/			
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(N	Ionth/Day/Year	)			Applicable Line) _X_ Form filed by	One Reporting Pa	erson		
ST GEORGE	F UT 84790							More than One Re			
51 OLOROI	2, 01 04790						Person				
(City)	(State)	(Zip) Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
(Instr. 3) any		Execution Date,	n Date, if TransactionAcquired (A) or Code Disposed of (D)				Securities	Form: Direct	Indirect		
		•					Beneficially	(D) or	Beneficial		
		(Month/Day/Yea	r) (Instr. 8)	(Instr. 8) (Instr. 3, 4 and 5)			Owned Following	Indirect (I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
					(A)		Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				1,685							
Stock	02/07/2018		А	(1)	А	\$0	36,497	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)

## Edgar Filing: ALBRECHT W STEVE - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	tion 0 ) E S A (, E 0	5. 6. Date Exercisable an iorNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	Derivative D Security S (Instr. 5) B O F R T	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
			Code Y		I, and	ĺ.	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships								
	Director	10% Owner	Officer	Other						
ALBRECHT W STEVE 444 S RIVER ROAD ST GEORGE, UT 84790	Х									
Signatures										
W. Steve Albrecht	02/09/2018									
<u>**</u> Signature of	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) Shares issued pursuant to the SkyWest, Inc. Long-Term Incentive Plan.

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.

Reporting Person