## Edgar Filing: LOVELESS KEITH - Form 4

LOVELES	S KEITH											
Form 4												
November	08, 2004											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB API	APPROVAL		
	URITIES AND EXCHANGE COMMISSIC /ashington, D.C. 20549				IMISSION	OMB Number:	3235-0287					
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERS					Expires:	January 31, 2005		
								RSHIP OF	Estimated av			
Section Form 4				SECURITIES					burden hours per			
Form 5		repart to S	Section	16(a) of 1	the Securitie	e Fra	change Ac	et of 1934	response	0.5		
obligati	ions Section 17						•	35 or Section				
may co	ntinue. truction			•	nt Company							
1(b).	uuuuu											
	_											
(Print or Type	e Responses)											
1 Name and	Address of Reporting	a Person *	2.1	N			5 P	elationship of P	enorting Perso	n(s) to		
LOVELES			2. Isst Symbol	Icon			Relationship of Reporting Person(s) to uer					
			•		GROUP IN	IC IA	LKI					
(Last)	(First)	(Middle)			Transaction			(Check	all applicable)			
(Eust)	(1150)	(initiality)		onth/Day/Year)				Director 10% Owner				
						COfficer (give titleOther (specify below)						
BOULEVARD SOUTH			DEI			Delo	VP/Legal & Corporate Affairs					
			nendment, Date Original 6			6. Iı	. Individual or Joint/Group Filing(Check					
							plicable Line)					
								Form filed by One Reporting Person Form filed by More than One Reporting				
SEATTLE	E, WA 98188						Pers		e than one Rep	orting		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative S	ecuriti	es Acquired	l, Disposed of, o	or Beneficially	<b>Owned</b>		
1.Title of	2. Transaction Date			3.	4. Securities		red (A) or	5. Amount of	6.	7. Nature		
Security (Instr. 3)	(Month/Day/Year)	Execution I any	Date, if	TransactionDisposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form:	of Indirect Beneficial		
(Instr. 5) any (Month/Day/Year)							Owned		Ownership			
								Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4				
Common	11/05/2004						\$	0	T	ESOP		
Stock	11/05/2004			S <u>(1)</u>	1,294.411	D	28.4693	0	Ι	Trust		

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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						
	Director	10% Owner	Officer	Other				
LOVELESS KEITH 19300 INTERNATIONAL BOULEVARD SOUTH SEATTLE, WA 98188			VP/Legal & Corporate Affairs					
Signatures								
Shannon K. Alberts for Keith Loveless, Attorney-in-Fact		11/08/2004						
**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) Exchange of shares under the Alaska Airlines's employee 401(k) 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.