FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MALLOTT BRYON I | | | | | | Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP INC [ALK] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | all app | | | Owner |
|---|--|---------|------|-----------|--|--|------------|--|--------------------|-------|---|--|--|---|---|--|--|---|
| (Last) | ast) (First) (Middle) | | | | | | 05/19/2004 | | | | | | | | Offic | er (give title w) | Other below | (specify v) |
| 19300 INTERNATIONAL BOULEVARD SOUTH | | | | | 4. If . | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) SEATTL | E WA 98188 | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Tabl | eI- | Non-Deriv | ative | Secu | rities | Ac | quire | d, Di | isposed o | f, or E | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | | ar) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | ransact ode (In | | | I. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | Secui | ficially ed | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | С | ode | v | Amount | (A) or (D) | Price | | Repo Trans | | (| (|
| Common Stock 05/19/200 | | | | | 4 | | | J ⁽¹⁾ | | 429 | A | \$23.32 | S23.3207 ⁽²⁾ | | 2,462 | D | | |
| | 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) | erivative conversion or Exercise (Month/Day/Year) ristr. 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) 8 | | | | saction e (Instr. Derivative Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | | Expiration Date (Month/Day/Year) s s l d d d d d d d d d d d d d d d d d | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Grant of shares in payment of director annual retainer under a plan exempt under 16b-3(d).
- 2. The acquistion price is the average closing price on the NYSE for the 30 trading days immediately preceding appointment to the Board of Directors.

Remarks:

Shannon K. Alberts, Attomeyin-fact for Byron I. Mallott

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.