FORM 5

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

Form 3 Holdings Reported.

Form 4 Transactions Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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ANNUAL 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 [®] SARETSKY GREGGA | | | | 2. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP INC [ALK] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|--|---|--|--|--------------|--|---|--------------------|---|---|--|--|------------------------------------|--|--|--|--|
| (Last) | (Last) (First) (Middle) | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004 | | | | | | | y/Year) | Х | Offic | er (give title w) | | Othe | er (specify w) | |
| 19300 IN | | | | | | | | | | Exec VP, Marketing & Planning | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | · · | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | k Applicable | |
| SEATTLE WA | | | 8188 | | | | | | | | | | | Form filed by One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date | 2A. Deemed Execution Da | te, | Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | | | | ies | 6. Ownership | | 7. Nature of Indirect Beneficial | |
| | | | (Month/Day/Year) | if any (Month/Day/Y | | | | Amou | nt | (A) or (D) | Price | | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | 5,570 ⁽¹⁾ | | | D | | |
| Common Stock | | | | | | | | | | | | | 1,223(2) | | | Ι | ESOP Trust | |
| 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | ansaction ode (Instr. Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | te Exer ation D th/Day/ | Year) Expiratio | Amo Secu Unde Deriv Secu 3 and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe Title Shares | | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Numbe derivative Beneficia Owned Following Reported Transacti (Instr. 4) | | s Ily 9 | 10. Ownershi Form: Direct (D) or Indire (I) (Instr. 4) | Beneficial Ownership | |

Explanation of Responses:

1. Award of restricted stock units granted under the 2004 Long-Term Incentive Equity Plan on November 17, 2004. Units will "cliff" vest 100% on November 10, 2007, subject to forfeiture.

2. Shares acquired under an Employee Stock Ownership Plan as of December 31, 2004.

Remarks:

Shannon K. Alberts for Gregg A. Saretsky, Attorney-in-Fact

02/04/2005

** 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.