FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per response:

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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*  KNIGHT JESSIE J JR			2. Date of Event Requiring Statement (Month/Day/Year) 10/20/2020  3. Issuer Name and Ticker or Trading Symbol ALASKA AIR GROUP, INC. [ ALK ]						
(Last) 19300 INTI (Street) SEATTLE (City)	(First) ERNATION WA (State)	(Middle) AL BLVD 98188 (Zip)	20,20,2020		4. Relationship of Reportir Issuer (Check all applicable)  X Director Officer (give title below)	10% C	Owner (specify	Person	/Year)  pint/Group Filing e Line) by One Reporting by More than One
		Та	ıble I - Non	-Derivati	ve Securities Benef	icially O	wned		
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: I (D) or II (I) (Inst	Direct O	Nature of Indirect Beneficial wnership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
, ,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi (Instr. 4)		4. Conversio		6. Nature of Indirect Beneficial Ownership (Instr.	
			(Month/Day/	<b>'</b> ear)	(Instr. 4)	•	or Exercis	e Form: Direct (D)	Ownership (Instr. 5)

**Explanation of Responses:** 

No securities are beneficially owned.

/S/ JEANNE E 10/23/2020

\*\* Signature of Reporting

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 5 (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.