

SKYWEST INC
Form 3
May 22, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Thompson Michael S		(Month/Day/Year)	SKYWEST INC [SKYW]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
2311 S COYOTE LOOP			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Chief Operating Officer / Skwest Airlines	
WASHINGTON,Â UTÂ 84780			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock (restricted) ⁽¹⁾	10,774	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

Edgar Filing: SKYWEST INC - Form 3

				Shares		(I) (Instr. 5)	
Stock Option (right to buy) ⁽²⁾	02/06/2008	02/06/2015	Common Stock	6,826	\$ 25.8	D	Â
Stock Option (right to buy) ⁽²⁾	02/04/2009	02/04/2016	Common Stock	10,289	\$ 15.24	D	Â
Stock Option (right to buy) ⁽²⁾	02/03/2010	02/03/2017	Common Stock	8,529	\$ 14.49	D	Â
Stock Option (right to buy) ⁽²⁾	02/02/2011	02/02/2018	Common Stock	8,172	\$ 15.51	D	Â
Stock Option (right to buy) ⁽²⁾	02/15/2015	02/15/2019	Common Stock	4,464	\$ 13.06	D	Â
Stock Option (right to buy) ⁽²⁾	02/13/2016	02/13/2020	Common Stock	4,582	\$ 13.24	D	Â
Stock Option (right to buy) ⁽²⁾	02/18/2017	02/18/2021	Common Stock	5,051	\$ 12.1	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Thompson Michael S 2311 S COYOTE LOOP WASHINGTON, UT 84780	Â	Â	Â Chief Operating Officer	Skwest Airlines

Signatures

Michael B
Thompson

05/22/2014

^{**}Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) These shares were issued as part of a compensation incentive plan.
- (2) These shares were issued as part of the Company's sponsored Nonqualified Employee Stock Option 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.