## Edgar Filing: Gogo Inc. - Form 4

Gogo Inc. Form 4 May 28, 201	5										
									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check this box							Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated a	2005 average				
	Section 16. SECURITIES						burden hours per				
Form 4 o Form 5		want to Soction	16(a) of th	a Sacuriti	os Er	zohon	ge Act of 1934,	response	0.5		
obligation	$^{ns}$ Section 17(a)						of 1935 or Section	m			
may cont See Instru	inue.	30(h) of the	•	•				/11			
1(b).	iction			1.	·						
(Print or Type F	Responses)										
1. Name and Address of Reporting Person _2. IssuerELDIFRAWI ASH ASymbol				lssuer Name <b>and</b> Ticker or Trading bol				5. Relationship of Reporting Person(s) to Issuer			
			Gogo Inc. [GOGO]				(Check all applicable)				
(Last)	(First) (M	(iddle) 3. Dat	3. Date of Earliest Transaction				(Che	ck all applicable	=)		
(Mon			Month/Day/Year)				Director 10% Owner				
			05/26/2015				X_ Officer (give title Other (specify below) below)				
ROAD, STE	2 500						· · · · · · · · · · · · · · · · · · ·	VP and CCO			
(Street) 4			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year)					Applicable Line)						
_X_Form filed by O Form filed by M						One Reporting Person fore than One Reporting					
ITASCA, IL	2 00143						Person				
(City)	(State) (	(Zip) T	able I - Non-E	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership			
Security	(Month/Day/Year)	Execution Date,	ion Date, if TransactionAcquired (A) or				Securities	Form: Direct	Indirect		
(Instr. 3) any (Month/Dav/Ye			CodeDisposed of (D)Year)(Instr. 8)(Instr. 3, 4 and 5)					(D) or Indirect (I)	Beneficial Ownership		
					Following	(Instr. 4)	(Instr. 4)				
					(A)		Reported Transaction(s)				
			Codo V	I Amount	or	Duige	(Instr. 3 and 4)				
Common				Amount	(D)	Price					
Stock $(1)$	05/26/2015		А	8,200	А	\$0	22,700	D			

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options (Right to Buy)	\$ 21.45	05/26/2015		А	64,600	(2)	05/26/2025	Common Stock	64,600

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
ELDIFRAWI ASH A 1250 N. ARLINGTON HEIGHTS ROAD, STE 500 ITASCA, IL 60143			EVP and CCO		
Signatures					
/s/ Margee Elias, Attorney-in-Fact for Ash ElDifrawi	05/2	8/2015			
**Signature of Reporting Person	Ľ	late			
Evaluation of Decauses					

## **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) Includes restricted shares.
- (2) These options were granted on May 26, 2015 and are scheduled to vest and become exercisable in four equal annual installments on the first four anniversaries of the grant date, subject to continued employment of the Company.

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.