Air Transport Services Group, Inc.

Form 4

March 11, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Fedders Matthew E.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

Air Transport Services Group, Inc.

(Check all applicable)

VP, Corporate Controller

[ATSG]

03/10/2016

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify

below)

C/O AIR TRANSPORT SERVICES GROUP, INC., 145 HUNTER

(Street)

DRIVE

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

D

WILMINGTON, OH 45177

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

Code V Amount (D)

(Instr. 3 and 4)

Common Stock

03/10/2016

24,244

Price

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. 5. 6. Date Exercisable and | | 7. Titl | le and | 8. Price of | | | |
|------------------------------|-------------|---------------------|--------------------|-------------------------------|--------------------------|------------------|------------|--|--------|------------|---|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionNumber | | Expiration Date | | Amount of | | Derivative | |
| Security | or Exercise | | any | Code | Code of (Month/Day/Year) | | Year) | Underlying Securities (Instr. 3 and 4) | | Security | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | | | | | (Instr. 5) | i |
| | Derivative | | | | Securities | | | | | | |
| | Security | | | | Acquired | | | | | | 1 |
| | · | (A) or | | | | | | | | 1 | |
| | | | | | Disposed | | | | | | , |
| | | | | | of (D) | of (D) | | | | | |
| | | | (Instr. 3, | | | | | | | | |
| | 4, and 5) | | | | | | | | | | |
| | | | | | , , | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable Date | Title | Number | | | |
| | | | | | | | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Fedders Matthew E. C/O AIR TRANSPORT SERVICES GROUP, INC. 145 HUNTER DRIVE WILMINGTON, OH 45177

VP, Corporate Controller

9. Nu Deriv Secu

Own

Repo Trans (Instr

Signatures

W. Joseph Payne for: Matthew E. Fedders

03/11/2016

**Signature of Reporting Person Date

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) Represents the vesting of performance-based stock units under the Company's 2005 Long-Term Incentive Compensation Plan.

Remarks:

POA on file.

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.

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