## Edgar Filing: ANDERSON GREGORY - Form 4

ANDERSON	GREGORY										
Form 4											
May 29, 2012	2										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549						NGE COMMISSION		OMB Number:	3235-0287		
Section 16.									Expires:	January 31, 2005	
				GES IN BENEFICIAL OWNERSHIP SECURITIES					Estimated average burden hours per		
Form 4 or Form 5			Castian 1	(a) = f + b	. C	a Er	. <b>h</b>	A at af 1024	response 0.		
obligation	• • • • • •	•					-	e Act of 1934, f 1935 or Section	n		
may cont	inue.		of the In	•	<b>.</b> .				11		
See Instru 1(b).	iction	50(11)	or the m	vestment	company	1100	0117-				
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *       2. Issue         ANDERSON GREGORY       Symbol				suer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			-	IIAN HOLDINGS INC [HA]							
(Last)	(First)	(Middle)		Earliest Tra				(Chec	k all applicable	e)	
(Last)	(1130)	(ivitadic)	(Month/D		ansaction			X Director	10%	Owner	
				)5/24/2012				Officer (give title Other (specify			
INC., 3375 I	KOAPAKA S	TREET,						below)	below)		
SUITE G-35	50										
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check	
Filed(Mon			nth/Day/Year)				Applicable Line)				
HONOLUL	U, HI 96819							_X_ Form filed by 0 Form filed by N Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if Transaction(A) or Disposed of					Securities	Form: Direct	Indirect		
(Instr. 3)		any Manth	Code  (D)				Beneficially	Beneficial			
(Month/Day/Year			Day/rear)	) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Ownership (Instr. 4)		
						(A)		Reported	(Instr. 4)	. ,	
						or		Transaction(s)			
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/24/2012			А	10,704 (1)	А	\$0	36,973	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Directo	or 10% Owner	Officer				
ANDERSON GREGORY C/O HAWAIIAN HOLDINGS, INC. 3375 KOAPAKA STREET, SUITE G HONOLULU, HI 96819	-350 X						
Signatures							
/s/ Hoyt Zia, by power of attorney	05/29/2012						
**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) Shares are represented by restricted stock units. The restricted stock units shall vest 100% on the day prior to the Issuer's regularly scheduled annual stockholders' meeting for 2013.

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.