FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

| Filed pur | suant to Section 16(a) | of the Securities | Exchange Act of 1934 |
|-----------|------------------------|-------------------|----------------------|
| | Section 30(h) of the I | | |

| 1. Name and Address of Reporting Person* Schiller Harvey W | | | | 2. Issuer Name and Ticker or Trading Symbol MESA AIR GROUP INC [MESA] | | | | | | | | | | | ck all appli | , | | | | |
|--|---|--|----------------|---|--------|---|--------|----------|-----------------------------------|--|--|------------------|--|--------------------------------|---|---|---|--------------------------------------|--|--|
| (Last) 410 N. 4 | • | irst) ET, SUITE 700 | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2019 | | | | | | | | | | Officer below) | r (give title r) | | Other (s below) | specify |
| (Street) PHOEN | | | 85008 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | | | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | Se Se | curiti | ies Ac | cqui | ired, D | isp | osed o | of, or Bo | enefi | cially | v Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans | . Transaction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | <u>-</u> | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | or | 5. Amou Securitie Benefici Owned I | i. Amount of Securities Beneficially Dwned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | , | Amount | (A) (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 01/ | | | | 01/10 | 6/2019 | /2019 | | | | M | | 4,883 A \$ | | 60.00 | 22,627 | | | D | | |
| | | Т | able II - | | | | | | | | | | , or Ber ble sec | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution I | | | nsaction le (Instr. | | of E | | Date Exercisable ar tpiration Date Ionth/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Restricted Stock | \$0.00 | 01/16/2019 | | | M | | | 4,883 | 01/ | /16/2019 | | (1) | Common | 4,8 | 83 | \$0.00 | 28,692 | 2 | D | |

Explanation of Responses:

1. A restricted stock award of 33,575 shares was granted under the 2018 Equity Incentive Plan on August 10, 2018. Additional tranches of this award will vest as follows: 10,170 shares on January 21, 2019; 1,488 shares on January 23, 2019; 4,882 shares on January 16, 2020; 5,780 shares on January 21, 2020; 1,490 shares on January 23, 2020; and 4,882 shares on January 16, 2021.

Remarks:

/s/ Harvey W. Schiller

01/18/2019

** Signature of Reporting Person

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 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).

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.