FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Hoke William			Date of Event equiring Staten Month/Day/Year 3/12/2007	nent	3. Issuer Name and Ticker or Trading Symbol MESA AIR GROUP INC [MESA]						
(Last) 410 N 44TH	410 N 44TH STREET			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			I	5. If Amendment, Date of Original Filed (Month/Day/Year)			
STE 700					X	Officer (give title below) Vice President - F	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) PHOENIX	AZ	85008				vice i resident i	mance			y More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			Expiration Da			Title and Amount of Securities nderlying Derivative Security (Instr. 4)		4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security			

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ William Hoke</u> <u>03/21/2007</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).