FORM 4

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

| OMB APPROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| stimated average burden | | | | | | |
| ours per respons | se 0.5 | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Typ | pe Responses | s) | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|-----|------------|--|--|-----------|--------------------------------|--|--|--|---|---|----|
| 1. Name and Address of Reporting Person * Stavley Stuart | | | | | 2. Issuer Name and Ticker or Trading Symbol ERA GROUP INC. [ERA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| C/O 818 TOWN & COUNTRY BLVD. STE. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2017 | | | | | | | | X_ Officer (give title below) Other (specify below) SVP, Operations & Fleet Mgt. | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| HOUSTON,, TX 77024 (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | Benefic Report (Instr. 3 | | Amount of Securities eneficially Owned Following eported Transaction(s) sstr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | 03/10/2017 | | | | Code | V | 22,49 | | ` / | Price \$ 0 | 105.48 | 8.1857 ⁽¹⁾ | | (Instr. 4) D | |
| | | | Table II - | | ative Sec | | - | the ired, I | form d Dispose | lispla | ys a o | curre neficia | ntly vali | d OMB cor | espond unles ntrol number. | | `` |
| Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution Dat | te, if T | 4. Transaction Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | le ate | 7. Tit Amo Unde Secur | tle and unt of erlying | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownersh (Instr. 4) | |
| | | | | | Code V | V (| A) (D) | Date Exer | cisable | | ration | Title | or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | | | |
| Stavley Stuart C/O 818 TOWN & COUNTRY BLVD. STE. 200 HOUSTON,, TX 77024 | | | SVP, Operations & Fleet Mgt. | | | | | | |

Signatures

| /s/Tomas Johnston, attorney in fact | 03/14/2017 | | |
|-------------------------------------|------------|--|--|
| **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) Includes 432.3065 shares of common stock acquired at \$6.20 per share on August 31, 2016 and 3,000 shares of common stock acquired at \$6.15 per share on February 28, 2017 pursuant to the Issuer's 2013 Employee Stock Purchase Plan.

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.