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 | | | | |

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person *

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading Symbol

| FAIRBANKS ANN OCONNOR | | ERA GROUP INC. [ERA] | | | | X Dire | | neck an applic | 0% Owner | | | | | |
|---|-----------|---|--|---|--|--|---|--------------------------------------|----------------------------|--------------------------------------|--|--|--|---|
| (Last) (First) (Middle) C/O ERA GROUP INC., 818 TOWN & COUNTRY BLVD., SUITE 200 | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2019 | | | | | eer (give title be | | Other (specify be | elow) | | | | |
| (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 | | | | | | | |
| HOUST | ON, TX 77 | 024 | | | | | | | | Form f | iled by More th | an One Reporting P | erson | |
| (City | y) | (State) | (Zip) | , | Table I - N | on-Der | ivative | Securitie | s Acqu | iired, Dis | posed of, or | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | (Instr. 8) | | 4. Securities Acquirec (A) or Disposed of (D (Instr. 3, 4 and 5) | | of (D) | | | Following n(s) | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | V | Amoun | (A) or (D) | Price | | | or Indirect (I) (Instr. 4) | | (Instr. 4) |
| Commor | Stock | | 03/11/2019 | | A | | 5,748 (1) | A | \$ 0 | 37,156 | | | D | |
| | | | Table II - | Derivative Secur | | conta the fo | ained ii orm dis isposed | n this for splays a of, or Ber | rm are curre neficia | not req ntly valid | d OMB cor | formation spond unles strol number. | s | 1474 (9-02) |
| 1. Title of | 12 | 3. Transaction | 3A. Deemed | (e.g., puts, calls, v | warrants, o | 1 | | | T | le and | Q Duina of | 9. Number of | 10. | 11. Nature |
| | | Date (Month/Day/Ye | Execution Date | rear) Transaction Code (Instr. 8) | Number of Derivative Securities | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Unde Secur (Instr | unt of rlying | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | 4) | | | Reported Transaction(s) | Direct (D) or Indirect (I) | |

Reporting Owners

| Denouting Owner Name / Adduses | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| FAIRBANKS ANN OCONNOR C/O ERA GROUP INC. 818 TOWN & COUNTRY BLVD., SUITE 200 HOUSTON, TX 77024 | X | | | | | | |

Signatures

/s/Tomas Johnston, Attorney-in-Fact for Ann Fairbanks

Signature of Reporting Person

Date

03/13/2019

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 shares of restricted stock that will vest on the first anniversary of the date of grant.

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.