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 | | | | |

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(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

| 1. Name and Address of Reporting Person *- NEWMAN GRANT D | | | | 2. Issuer Name and Ticker or Trading Symbol ERA GROUP INC. [ERA] 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2019 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) SVP, Strategy & Corp. Dev. | | | | | |
|--|---|---|--|---|------------|---|-------------------------------------|----------------------------|--|----------------------|-------------------------------|---|---|--|--|---------------------------------------|--|
| C/O ERA GROUP INC., 818 TOWN & COUNTRY BLVD., SUITE 200 (Street) HOUSTON, TX 77024 | | | | | | | | | | | | | | | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City | у) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially | | | | | | | r Beneficially (| Owned | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemo Execution any (Month/Da | n Date, if | (Instr. 8) | | (4 | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) | | of (D) | Benefici Reporte | Amount of Securities neficially Owned Following ported Transaction(s) str. 3 and 4) | | 6. Ownership Form: Direct (D) | Beneficial Ownership | |
| | | | | | (A) or (D) | Price | : | or Indirect (I) (Instr. 4) | | | (Instr. 4) | | | | | | |
| Common | Common Stock 03/11/2019 | | 03/11/2019 | | | A | | 2 | 7,659 <u>1)</u> | A | \$ 0 | 52,659 | | | D | | |
| | | | Table II | - Derivative (e.g., puts, | | | Acquir | the for ed, Disp | m disposed o | plays a of, or Be | curre neficia | ntly vali ally Owne | d OMB co | espond unles ntrol number | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Ye | 3A. Deemed Execution Dat any (Month/Day/Y | te, if Transa Code | action | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and | per derive rities ired rosed) . 3, | 6. Date l and Exp | Exercisable iration Date Day/Year) | | 7. Tit Amo Unde Secu | le and unt of rlying | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | | Date Exercisa | | xpiration ate | Title | or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|----------|---------------|--|--|--|--|--|--|
| | Other | | | | | | |
| rp. Dev. | | | | | | | |
| | rp. Dev. | | | | | | |

Signatures

| /s/Tomas Johnston, Attorney-in-Fact for Grant Newman | 03/13/201 | | |
|--|-----------|--|--|
| **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) Represents shares of restricted stock that will vest in three equal annual installments on the first three anniversaries 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.