

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

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response... 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

| | . Name and Address of Reporting Person *- Gustafson Sten L. | | | 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 ERA | (Last) (First) (Middle) C/O ERA GROUP INC., 818 TOWN & COUNTRY BLVD., SUITE 200 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/19/2013 | | | | | | _X_Officer (give title below) Other (specify below) CEO | | | | |
| | (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 | | | | |
| HOUSTON, TX 77024 | | | | | | | | _ | Form filed by More than One Reporting Person | | | | | | |
| (Cit | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of S (Instr. 3) | title of Security 2. Transaction Date (Month/Day/Yea | | | | Date, if Code (Instr. | | 8) ((| 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | 5. Amount of Secu Owned Following Transaction(s) (Instr. 3 and 4) | | d | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: | Report on a s | separate line for each | n class of securities b | eneficia | illy ow | vned direct | ily of 1 | Person in this | | required to | respond | | ion contained form display | | 1474 (9-02) |
| | • | | Table | II - Deri (e.g., | ivativo | e Securitio | es Acq | Person in this a curre quired, Disp s, options, c | form are not ntly valid OM osed of, or Be onvertible seco | required to B control in eficially Overities) | respond number. vned | unless the | form display | rs . | , , , |
| 1. Title of | 2. Conversion | 3. Transaction | Table 3A. Deemed Execution Date, if | II - Deri (e.g., 4. Transac Code | ivative, puts. | e Securitio | es Acquerants of (A) ed of | Person in this a curre quired, Disp | form are not ntly valid OM posed of, or Ber onvertible securcisable and Date | required to B control in the second of the s | respond number. wned Amount | 8. Price of | | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table 3A. Deemed Execution Date, if any | II - Deri (e.g., 4. Transac Code | ivative, puts. | e Securities, calls, wa 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4, | es Acquirrants of (A) ed of | Person in this a curre quired, Disp s, options, c 6. Date Exer Expiration I | form are not ntly valid OM posed of, or Ber onvertible securcisable and Date | required to B control in efficially Overities) 7. Title and of Underlying Securities | respond number. wned Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Gustafson Sten L. C/O ERA GROUP INC. 818 TOWN & COUNTRY BLVD., SUITE 200 HOUSTON, TX 77024 | | | CEO | | | |

Signatures

| /s/ Christopher Bradshaw, attorney-in-fact | 03/21/2013 | | |
|--|------------|--|--|
| **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) These options become exercisable in four equal annual installments beginning on the first anniversary of the grant date.

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. |
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