FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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 Ty	pe Response	s)																	
1. Name and Address of Reporting Person *- Fogg Blaine V				2. Issuer Name and Ticker or Trading Symbol ERA GROUP INC. [ERA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
C/O ERA GROUP INC., 818 TOWN & COUNTRY BLVD., SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2013									cer (give title be		Other (specify b	elow)			
(Street) HOUSTON, TX 77024												6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City		(State)	((Zip)				Table	I - No	on-De	rivativ	e Securit	ies A	cqu	ired, Dis	posed of, or	Beneficially (Owned	
1.Title of Security 2. Transa (Instr. 3) Date (Month/I			/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if	3. T Coc (Ins	ransac		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ed	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							ode	V	Amou	(A) or (D)	Pr	ice	(IIISU. 3 aliu 4)			Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	n Stock		05/16/2	2013					P		500	A	\$ 26. (1)	64	9,680			D	
Reminder:	Report on a s	separate line fo	or each cla							Pers cont the t	sons w tained form d	ho resp in this f isplays	orm a cu	are	not req	d OMB cor	formation spond unles trol number.	s	1474 (9-02)
				Table II -							-	d of, or B ertible se			lly Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Year) Example 2	Execution Da any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			A U S	mou Inder ecur Instr.	e and int of rlying ities 3 and	Derivative Security (Instr. 5)	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)	Beneficia Ownershi (Instr. 4)
					Code		V	(A)	(D)	Date Exerc		Expiration Date	On T	itle	Amount or Number of Shares				

Reporting Owners

Donouting Owner Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fogg Blaine V C/O ERA GROUP INC. 818 TOWN & COUNTRY BLVD., SUITE 200 HOUSTON, TX 77024	X						

Signatures

/s/ Christopher Bradshaw, attorney-in-fact 05/20/2013

***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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$26.63 to \$26.67, inclusive. The
- (1) reporting person undertakes to provide to Era Group Inc., any security holder of Era Group Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

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.