FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CH |
|--|----------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Se |

IANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 Elias Marguerite M | | | | | Gogo Inc. [GOGO] | | | | | | | | | (Che | eck all applic Directo | all applicable) Director | | 10% Ov | vner | |
|---|---|--|--|--|---|---|---|---|---|--|---------------------|--|-------------------|---|---|---|------|--|---------------------------------------|--|
| (Last) 1250 N. | ast) (First) (Middle) 250 N. ARLINGTON HEIGHTS ROAD, STE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2015 | | | | | | | | | Officer (give title Delow) EVP, Gen Counsel and Secy | | | | |
| (Street) ITASCA IL 60143 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tak | ole I - Noi | n-Deriv | ativ | e Se | curities | s Acc | quired, | Dis | posed o | f, or B | ene | ficiall | y Owned | | | | | |
| Da | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | A) or 3, 4 and | 5. Amour Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transact (Instr. 3 a | ion(s) | | | (50. 4) | |
| Common Stock ⁽¹⁾ 05. | | | | 05/26 | 5/2015 | | A | | 8,200 | 8,200 A | | \$0.00 | 30, | 30,975 | | D | | | | |
| | | • | Table II - | | | | | | | | osed of, onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | 1. Fransaction Code (Instr. 3) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | or No of | umber | | | | | | |
| Options (Right to | \$21.45 | 05/26/2015 | | | A | | 64,600 | | (2) | o | 5/26/2025 | Commo Stock | n 64 | 4,600 | \$0.00 | 64,60 | 0 | D | | |

Explanation of Responses:

- 1. Includes restricted shares.
- 2. These options were granted on May 26, 2015 and are scheduled to vest and become exercisable in four equal annual installments on the first four anniversaries of the grant date, subject to continued employment of the Company.

Remarks:

/s/ Marguerite M. Elias

05/28/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.