FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB AP | PR | \cup | VAL |
|---|-------------|----|--------|----------|
| | OMB Number: | | | 3235-028 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | ATEMENT OF CHANGES IN BENEFICIA | AL OWNERSHIP OMB Number: 3238 Estimated average burden | 5-0287 |
|---|--|---|--------|
| obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchang or Section 30(h) of the Investment Company Act o | hours per response: | 0.5 |
| Name and Address of December December | 5. Relationship of Reporting Person(s) to Issuer | | |
| . Name and Address of Reporting Person | 2. Issuer Name and Ticker or Trading Symbol | (Check all applicable) | |

| 1. Name and Address of Reporting Person WILLIAMS HARRIS N | | | | | Gogo Inc. [GOGO] | | | | | | | | | | k all appli | offsing of Reporting Per II applicable) Director Officer (give title below) | | 10% Ow | |
|--|--|--|--|------|---|---|--|---|---------------------|------|------------------|---|---------------------------------------|--|--|---|--|---------------------------------------|---|
| (Last) (First) (Middle) 111 N. CANAL STREET, STE 1500 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016 | | | | | | | | | | Officer below) | | | Other (specifically below) | pecify |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) CHICAGO IL 60606 (City) (State) City) Chicago (State) City) 4. If Amendment, Date of Original Filed (Month/Day/Year) (City) Chicago City Ci | | | | | | | | | | | 1 | | | | | | | | |
| = [| | | | | n/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | , Transaction Dispo | | Dispose | curities Acquired (A) esed Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | ınt (A) or (D) | | e:e | Transaction(s) (Instr. 3 and 4) | | | | msu. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, | 4. 5. Number 6. Transaction of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | | of s ng e Securit | Di Si (li | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amour or Number of Shares | er | | | | | |
| Deferred Share Units | (1) | 06/30/2016 | | | A | | 2,085 | | (1) | | (1) | Common Stock | 2,08 | 5 | \$0.00 | 10,791 | | D | |
| Options (Right to Buy) | \$8.39 | 06/30/2016 | | | A | | 7,616 | | 06/30/2016 | 5 00 | 6/30/2026 | Common | 7,61 | 6 | \$0.00 | 7,616 | | D | |

Explanation of Responses:

1. Deferred stock units that are settled in shares of common stock 90 days after the director ceases service as a director.

Remarks:

/s/ Margee Elias, Attorney-in-Fact for Harris N. Williams

07/05/2016

** 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.