FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
------------------------	--

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of struction 10.	f Rule 10b5-1(c).																		
1. Name and Address of Reporting Person* MAYES MICHELE COLEMAN						2. Issuer Name and Ticker or Trading Symbol Gogo Inc. [GOGO]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WATES WICHELE COLLWAN															Director			10% O	wner	
(Last) (First) (Middle) 105 EDGEVIEW DRIVE, STE 300						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									Officer below	(give title		Other (below)	specify	
103 EDC	JEVIEW I	KIVE, STE 500	4.16										O to thirth of on this MO on an Ellin of Ohnot A. E. J.							
(Ct== =t)			4. 11	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	EIELD (·O	80021											[Form filed by One Reporting Person					
BROOMFIELD CO 80021														Form filed by More than One Reporting Person						
(City)	(;	State)	(Zip)																	
		Tab	le I - Non	n-Deriv	ative	Sec	curities	s Ac	quired, I	Disp	osed o	of, or B	ene	ficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution			Code (II	ction Dispose		rities Acquired (A ed Of (D) (Instr. 3,		(A) or 3, 4 and	Benefic	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	V	Amount	(A) (D)	or	Price	Transac (Instr. 3	ction(s)			(1130.4)	
	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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	E D	xpiration ate	Title	or Nu of	ımber						
Deferred Share Units	(1)	09/30/2024			A		6,963		(2)		(2)	Common Stock	6	,963	\$0.00	170,82	13	D		

Explanation of Responses:

- 1. Each deferred share unit represents the contingent right to receive one share of the Company's common stock.
- 2. These deferred share units were granted on September 30, 2024, and will vest in full on the one-year anniversary of the grant date. The deferred share units will be settled in shares of the Company's common stock following the director's termination of service on the Company's board of directors.

/s/ Crystal L. Gordon, Attorney-in-Fact for Michele

10/02/2024

Coleman Mayes

** 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.