Instruction 1(b).

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number: 3	MB Number: 3235-0287										
Estimated average burden											
hours per response:	0.5										

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Filene Jacob F.						2. Issuer Name and Ticker or Trading Symbol Frontier Group Holdings, Inc. [ULCC]									all app	o of Reportin blicable) ctor er (give title	ng Pe	rson(s) to Is 10% O	wner	
(Last) (First) (Middle) C/O FRONTIER GROUP HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/23/2021									belov			below)	·	
4545 AIRPORT WAY						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) DENVER CO 80239			N230		4. 117	4. II Amendment, Date of Original Flied (Montin/Day/Year)									Form filed by One Reporting Person					
	ELIVER CO 0025														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)																	
		Table	I - N	Non-Deriva	tive	Secui	rities	Acc	quire	ed, D	isposed	of, or	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					ear) E	2A. Deemed Execution Date if any (Month/Day/Yea			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			d 5)	Secur Benef Owne	5. Amount of Securities Beneficially Dwned Following Reported		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
								c	ode	v	Amount	(A) or (D)	Price		Transa	saction(s) : 3 and 4)		tr. 4)	(Instr. 4)	
Common Stock 11/23/2					1			S ⁽¹⁾		2,000	D	\$15.3	173 ⁽²⁾	77,594			D			
		Tal	ole I	I - Derivati (e.g., pu							posed of				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		rice of vative derivative securities Beneficiall Owned Following Reported Transactio (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				•	Code	. V (A) (D)		(D)	Date Exercisab		Expiratio e Date	n Title	Amour or Number of Shares	er						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 23, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.10 to \$15.77, inclusive. The Reporting Person undertakes to provide to Frontier Group Holdings, Inc., any security holder of Frontier Group Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the price range set forth in this footnote.

Remarks:

/s/ Howard Diamond, as Attorney-in-fact for Jake F.

11/24/2021

<u>Filene</u>

** 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.