FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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

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

| Name and Address of Reporting Person* Biffle Barry | | | | | | 2. Issuer Name and Ticker or Trading Symbol Frontier Group Holdings, Inc. [ULCC] | | | | | | | | Relationship neck all appli | g Person | 10% Ow | ner | | | |
|--|--|----------------------|------------------|-------|--------------------------------------|--|-------|--|------------------------------------|----------|--|-------------------|---|---------------------------------|--|--|---------------------------------------|------------|--|--|
| (Last) C/O FRO | ` | irst) ROUP HOLDIN | (Middle) GS INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022 | | | | | | | | X Officer below) | ficer (give title Other (spec low) Dresident & CEO | | | респу | | |
| 4545 AIRPORT WAY | | | | | | | | | | | | | | | | | | | | |
| (Street) | R C | 0 | 80239 | | - 4. | If Ame | endme | nt, Date o | of Original Filed (Month/Day/Year) | | | | 6. Lir | e) X Form f | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | Person | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 of D) (Instr. 3, 4 | | | Benefici Owned | ally Following | 6. Owne Form: D (D) or In (I) (Instr. | direct (| 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock 05/24/2 | | | | /2022 | 2022 | | М | | 10,000 | 00 A \$0 | | 32 517 | 517,545 | | | | | | | |
| | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | ransaction of ode (Instr. Derivative | | | Expiration Date (Month/Day/Year) I | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | ly Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Options (Right to | \$0.2632 | 05/24/2022 | | | М | | | 10,000 | (1) | | 04/27/2024 | Common Stock | 10,000 | \$0.00 | 1,950,00 | 00 | D | | | |

Explanation of Responses:

1. The stock options are fully vested and exercisable.

Remarks:

/s/ Howard Diamond, as Attorney-in-fact for Barry L. Biffle

05/25/2022

** 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.