FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3 AP	

OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     SOLTAU JILL A.		2. Date of Event Requiring Statement (Month/Day/Year) 02/15/2023	r Name <b>and</b> Ticker or Trading S ΓΗWEST AIRLINES			
(Last) (First) (Middle) SOUTHWEST AIRLINES CO. 2702 LOVE FIELD DRIVE			ionship of Reporting Person(s) all applicable) Director Officer (give title below)	to Issuer  10% Owner  Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) DALLAS (City)	TX (State)	75235 (Zip)				Individual or Joint/Group Filing (Check Applicable Line)     Y Form filed by One Reporting Person     Form filed by More than One Reporting Person

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities beneficially owned	0	D		

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security (Instr. 5)		

**Explanation of Responses:** 

/s/ Tim Whisler, on behalf of and as attorney-in-fact for Jill A. Soltan

02/17/2023

\*\* Signature of Reporting Person

\_ Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).