

---

---

**SECURITIES AND EXCHANGE COMMISSION**

Washington, DC 20549

---

**SCHEDULE 13G**

(Rule 13d-102)

---

**INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT  
TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED  
PURSUANT TO § 240.13d-2  
(Amendment No. 4)**

---

**SOUTHWEST AIRLINES CO.**

(Name of Issuer)

**COMMON STOCK**  
(Title of Class of Securities)

**844741108**  
(CUSIP Number)

**April 21, 2020**  
(Date of Event Which Requires Filing of this Statement)

---

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- ☒ Rule 13d-1 (b)
- ☐ Rule 13d-1 (c)
- ☐ Rule 13d-1 (d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 (the "Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

---

---

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br><br>Warren E. Buffett                                                                        |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br><br>United States Citizen                                                        |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not Applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>IN                                                                                       |                                                          |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>Berkshire Hathaway Inc.                                                                      |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Delaware                                                                |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>HC, CO                                                                                   |                                                          |

|                                                                                        |                                                                                                                          |                                                          |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| 1                                                                                      | NAME OF REPORTING PERSON<br>National Indemnity Company                                                                   |                                                          |  |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |  |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |  |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Nebraska                                                                |                                                          |  |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |  |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |  |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |  |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |  |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |  |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |  |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |  |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>IC, CO                                                                                   |                                                          |  |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>GEICO Corporation                                                                            |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Delaware                                                                |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>HC, CO                                                                                   |                                                          |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>Government Employees Insurance Company                                                       |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Maryland                                                                |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>IC, CO                                                                                   |                                                          |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>MedPro Group, Inc.                                                                           |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Indiana                                                                 |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>HC, CO                                                                                   |                                                          |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>Berkshire Hathaway Consolidated Pension Plan Master Retirement Trust                         |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Delaware                                                                |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>EP                                                                                       |                                                          |

|                                                                                        |                                                                                                                          |                                                          |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| 1                                                                                      | NAME OF REPORTING PERSON<br>Precision Castparts Corp. Master Trust                                                       |                                                          |  |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |  |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |  |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Oregon                                                                  |                                                          |  |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |  |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |  |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |  |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |  |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |  |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |  |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |  |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>EP                                                                                       |                                                          |  |

|                                                                                        |                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1                                                                                      | NAME OF REPORTING PERSON<br>Medical Protective Company                                                                   |                                                          |
| 2                                                                                      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                                                          |
| 3                                                                                      | SEC USE ONLY                                                                                                             |                                                          |
| 4                                                                                      | CITIZENSHIP OR PLACE OF ORGANIZATION<br>State of Indiana                                                                 |                                                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5                                                                                                                        | SOLE VOTING POWER<br><br>NONE                            |
|                                                                                        | 6                                                                                                                        | SHARED VOTING POWER<br><br>0 shares of Common Stock      |
|                                                                                        | 7                                                                                                                        | SOLE DISPOSITIVE POWER<br><br>NONE                       |
|                                                                                        | 8                                                                                                                        | SHARED DISPOSITIVE POWER<br><br>0 shares of Common Stock |
| 9                                                                                      | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>0 shares of Common Stock                             |                                                          |
| 10                                                                                     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |                                                          |
| 11                                                                                     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>0%                                                                |                                                          |
| 12                                                                                     | TYPE OF REPORTING PERSON<br><br>IC, CO                                                                                   |                                                          |

**Item 1.****(a) Name of Issuer**

Southwest Airlines Co.

**(b) Address of Issuer's Principal Executive Offices**

P.O. Box 36611, Dallas, TX 75235

**Item 2(a). Name of Person Filing:****Item 2(b). Address of Principal Business Office:****Item 2(c). Citizenship:**

Warren E. Buffett  
3555 Farnam Street  
Omaha, Nebraska 68131  
United States Citizen

National Indemnity Company  
1314 Douglas Street  
Omaha, Nebraska 68102  
Nebraska corporation

Medical Protective Company  
5814 Reed Road  
Fort Wayne, IN 46835  
Indiana corporation

Precision Castparts Corp. Master Trust  
c/o Precision Castparts Corp.  
4650 SW Macadam Ave  
Portland, OR 97239  
Oregon Corporation

MedPro Group, Inc.  
5814 Reed Road  
Fort Wayne, IN 46835  
Indiana Corporation

Berkshire Hathaway Inc.  
3555 Farnam Street  
Omaha, Nebraska 68131  
Delaware corporation

Berkshire Hathaway Consolidated Pension Plan Master Retirement Trust  
c/o Berkshire Hathaway Inc  
3555 Farnam Street  
Omaha, NE 68131  
Delaware corporation

GEICO Corporation  
One GEICO Plaza  
Washington DC 20076  
Delaware Corporation

Government Employees Insurance Company  
One GEICO Plaza  
Washington, DC 20076  
Maryland Corporation

**(d) Title of Class of Securities**

Common Stock

**(e) CUSIP Number****844741108****Item 3. If this statement is filed pursuant to § 240.13d-1(b), or § 240.13d-2(b) or (c), check whether the person filing is a:**

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.), Berkshire Hathaway Inc., GEICO Corporation and MedPro Group, Inc. are each a Parent Holding Company or Control Person, in accordance with § 240.13d-1(b)(1)(ii)(G).

National Indemnity Company, Government Employees Insurance Company and Medical Protective Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

Berkshire Hathaway Consolidated Pension Plan Master Retirement Trust and Precision Castparts Corp. Master Trust are each an Employee Benefit Plan in accordance with §240.13d-1(b)(1)(ii)(F).

**Item 4. Ownership**

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

**(a) Amount beneficially Owned**

See the Cover Pages for each of the Reporting Persons.

**(b) Percent of Class**

See the Cover Pages for each of the Reporting Persons.

**(c) Number of shares as to which such person has:**

- (i) sole power to vote or to direct the vote
- (ii) shared power to vote or to direct the vote

- (iii) sole power to dispose or to direct the disposition of
- (iv) shared power to dispose or to direct the disposition of

See the Cover Pages for each of the Reporting Persons.

**Item 5. Ownership of Five Percent or Less of a Class.**

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5 percent of the class of securities, check the following ☐.

**Item 6. Ownership of More than Five Percent on Behalf of Another Person.**

Not Applicable.

**Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.**

See Exhibit A.

**Item 8. Identification and Classification of Members of the Group.**

See Exhibit A.

**Item 9. Notice of Dissolution of Group.**

Not Applicable.

**Item 10. Certification.**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under § 240.14a-11.

**SIGNATURES**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated this 7th day of May, 2020

/s/ Warren E. Buffett

Warren E. Buffett

BERKSHIRE HATHAWAY INC.

By: /s/ Warren E. Buffett

Warren E. Buffett

Chairman of the Board

NATIONAL INDEMNITY COMPANY,  
GEICO CORPORATION, GOVERNMENT  
EMPLOYEES INSURANCE COMPANY,  
MEDPRO GROUP, INC., MEDICAL  
PROTECTIVE COMPANY, BERKSHIRE  
HATHAWAY CONSOLIDATED PENSION  
PLAN MASTER RETIREMENT TRUST,  
AND PRECISION CASTPARTS CORP.  
MASTER TRUST

By /s/ Warren E. Buffett

Warren E. Buffett

Attorney-in-Fact

**SCHEDULE 13G**

**EXHIBIT A**

**RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP**

PARENT HOLDING COMPANIES OR CONTROL PERSONS:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.)

Berkshire Hathaway Inc.

GEICO Corporation

MedPro Group, Inc.

INSURANCE COMPANIES AS DEFINED IN SECTION 3(a)(19) OF THE ACT:

National Indemnity Company

Medical Protective Company

Government Employees Insurance Company

EMPLOYEE BENEFIT PLANS IN ACCORDANCE WITH § 240.13d-1-(b)(1)(ii)(F)

Berkshire Hathaway Consolidated Pension Plan Master Retirement Trust

Precision Castparts Corp. Master Trust

**SCHEDULE 13G****EXHIBIT B****JOINT FILING AGREEMENT PURSUANT TO RULE 13d-1(k)(1)**

The undersigned persons hereby agree that reports on Schedule 13G, and amendments thereto, with respect to the Common Stock of Southwest Airlines Co. may be filed in a single statement on behalf of each of such persons, and further, each of such persons designates Warren E. Buffett as its agent and Attorney-in-Fact for the purpose of executing any and all Schedule 13G filings required to be made by it with the Securities and Exchange Commission.

Dated: May 7, 2020

/S/ Warren E. Buffett  
Warren E. Buffett

Berkshire Hathaway Inc.

Dated: May 7, 2020

/S/ Warren E. Buffett  
By: Warren E. Buffett  
Title: Chairman of the Board

National Indemnity Company

Dated: May 7, 2020

/S/ Marc D. Hamburg  
By: Marc D. Hamburg  
Title: Chairman of the Board

Medical Protective Company

Dated: May 7, 2020

/S/ Anthony Bowser  
By: Anthony Bowser  
Title: Chief Financial Officer

Berkshire Hathaway Consolidated Pension Plan Master Retirement Trust

Dated: May 7, 2020

/S/ Mark D. Millard  
By: Mark D. Millard  
Title: Vice president, Berkshire Hathaway Inc.

GEICO Corporation

Dated: May 7, 2020

/S/ Todd A. Combs  
By: Todd A. Combs  
Title: President, GEICO Corporation

Precision Castparts Corp. Master Trust

Dated: May 7, 2020

/S/ Shawn Hagel  
By: Shawn Hagel  
Title: Executive Vice President, Precision Castparts Corp.

MedPro Group, Inc.

Dated: May 7, 2020

/S/ Anthony Bowser

By: Anthony Bowser

Title: Chief Financial Officer

Government Employees Insurance Company

Dated: May 7, 2020

/S/ Todd A. Combs

By: Todd A. Combs

Title: President, Government Employees Insurance Company