FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	FICIAL C	<b>DWNERS</b>	HIP

ONB APPROVAL									
OMB Number:	3235-0287								
Estimated average bur	den								
hours per response:	0.5								

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

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* GOODWIN PAUL R					2. Issuer Name <b>and</b> Ticker or Trading Symbol FTAI Aviation Ltd. [FTAI]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
GOODWIN FAUL K															_	X Direct	or		10% O	wner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023										Office below	r (give title )		Other (s	specify	
1345 AV	ENUE OF	THE AMERICA	\S		4 If A	Amei	ndmei	nt Date	of Origi	al Fi	iled	(Month/D	av/Yea	r)	6.1	6. Individual or Joint/Group Filing (Check Applicable					
45TH FI	_				""			,	9-			(		-,	Lin				9 (	-	
					.											X Form	filed by One	e Rep	orting Perso	on	
(Street)																		re thai	n One Repo	orting	
NEW YO	ORK N	Y	10105													Perso	n				
				Rule 10b5-1(c) Transaction Indication																	
(City) (State) (Zip)					(-, -, -, -, -, -, -, -, -, -, -, -, -, -																
(Side) (Lip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Sausty the animitative defense conditions of kine 1005-1(c). See instruction 10.																			
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	ies Ac	quire	i, D	isp	osed o	of, or	Ber	neficia	lly Owne	d				
1. Title of	Security (Ins	tr. 3)		2. Transa	ection		A. Dee		3.			4. Secur				5. Amo				7. Nature	
Date (Month/Da				ay/Year)			on Date,		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 5)		tr. 3, 4 an	d Securit Benefic			orm: Direct ) or Indirect	of Indirect Beneficial			
"			l`	(Mo		(Month/Day/Yea									Owned Report	Following (I	(i) (ir	) (Instr. 4)	Ownership (Instr. 4)		
										\	,	Amount	() 1)	A) or O)	Price	Transa (Instr. 3	ction(s)	ion(s)		(111301. 4)	
Common Stock 07/31/2					/2023	2023			M			5,000	0 A \$14.		77 11	117,527		I	By Trust		
Common Stock 07/31/2			2023				F <sup>(1</sup>			2,293 D \$		\$32.2	2.21 115,234			I	By Trust				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				<del>`                                    </del>	-	uns		1			-				incoj						
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of Code (Instr. Derivative		vative urities uired or oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		14)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Ex Da	piration ite	Title		Amount or Number of Shares						
Stock Option (right to buy)	\$14.77	07/31/2023			М			5,000	(2)		06	/03/2025	Comm		5,000	\$0	0		D		

## **Explanation of Responses:**

- 1. No shares were sold. Reflects deemed surrender of shares to satisfy the exercise price due upon exercise of the associated option.
- 2. Non-officer Director Stock Options were granted pursuant to the issuer's Nonqualified Stock Option and Incentive Award Plan (the "Plan"). Such options are fully vested in accordance with the terms of the Plan.

/s/ BoHee Yoon, as Attorneyin-fact

08/02/2023

\*\* 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.