FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* TUCHMAN MARTIN						2. Issuer Name and Ticker or Trading Symbol FTAI Aviation Ltd. [FTAI]									5. Relationship of Reporti (Check all applicable) X Director			ng Person(s) to Issuer		
(Last)	(Firs	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/20/2020										Office	er (give title /)	Other (spec below)		pecify	
415 WEST 1	13TH ST	REET 7TH FLO	OOR		4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person Form filed by More than One Reportin					
NEW YORK	K NY	1	0014													Person				
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication																
			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.													ided to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	icially	/ Own	ed				
Date				2. Transac Date (Month/Da			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficially Owned Following		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) (D)	or Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)				
Ordinary Shares 05/31/2				.024				A		1,077	A		\$0 ⁽¹⁾	36	8,920	D				
Ordinary Shares															27	7,991	I		By Trust	
Series A Preferred Shares													\perp		60),000	D			
Series A Preferred Shares 11/20/2				020				P		25,000	A	\$2	\$21.83		100,000			By Trust		
Series B Pref	eries B Preferred Shares												\perp		20	0,000	I]	By Trust	
Series C Pref	Series C Preferred Shares														80	0,000	I		By Trust	
Series D Preferred Shares														40,000		I		By Trust		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security or I (Instr. 3) Pric	onversion Exercise ice of rivative ecurity	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	of Expira			Date Exercisable and xpiration Date Month/Day/Year)			De Se	8. Price of Derivative Security (Instr. 5) Secur Follow Repor Trans (Instr.		Owne Form Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Shares were issued to director as compensation for services provided to the issuer in accordance with the issuer's Nonqualified Stock Option and Incentive Award Plan and the additional terms established by resolution of the Board of Directors. The applicable closing share price was \$81.28 on May 30, 2024.

Remarks:

/s/ BoHee Yoon, as Attorneyin-fact

06/03/2024

** 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.