

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

(AMENDMENT NO.)*				
Copa Holdings, S.A.				
(Name of Issuer)				
Class A Common Stock				
(Title of Class of Securities)				
P31076105				
(CUSIP Number)				
12/31/2014				
(Date of Event Which Requires Filing of this Statement)				

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

- x Rule 13d-1(b)
- Rule 13d-1(c)
- o Rule 13d-1(d)

The information required in 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 ("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).

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^{*}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 the disclosures provided in a prior cover page.

CUSIP	NO. P31076105	13G	Page 2 of 4 Pages				
1.	NAME OF REPORTING PERSONS						
	Massachusetts Financial Services Compa	ny ("MFS")					
2.	CHECK THE APPROPRIATE BOX IF A (SEE INSTRUCTIONS)	MEMBER OF A GRO	DUP				
	a) o (b) o						
	Not Applicable						
3.	SEC USE ONLY						
4.	CITIZENSHIP OR PLACE OF ORGANI	ZATION					
	Delaware						
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH:							
5.	SOLE VOTING POWER						
	2,006,389 shares of Class A common stoo	:k					
5.	SHARED VOTING POWER						
	None						
7.	SOLE DISPOSITIVE POWER						
	2,114,863 shares of Class A common stoo	k					
3.	SHARED DISPOSITIVE POWER						
	None						
€.	AGGREGATE AMOUNT BENEFICIAL	LY OWNED BY EACH	H REPORTING PERSON				
	2,114,863 shares of Class A common stoo	k, consisting of shares l	peneficially owned by MFS and/or certain other non-reporting entities.				
10.	CHECK IF THE AGGREGATE AMOUN	NT IN ROW (9) EXCLU	JDES CERTAIN SHARES (SEE INSTRUCTIONS)				
	Not Applicable						
11.	PERCENT OF CLASS REPRESENTED	BY AMOUNT IN ROV	V 9				
	6.3						
12.	TYPE OF REPORTING PERSON (SEE	INSTRUCTIONS)					
	IA						

ITEM 1: (a) NAME OF ISSUER:

See Cover Page

(b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:

Boulevard Costa del Este, Avenida Principal y Avenida de la Rotonda Urbanización Costa del Este

Complejo Business Park, Torre Norte

ParqueLefevre Panama City, Panama

ITEM 2: (a) NAME OF PERSON FILING:

See Item 1 on page 2

(b) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:

111 Huntington Avenue Boston, MA 02199

(c) CITIZENSHIP:

See Item 4 on page 2

(d) TITLE OF CLASS OF SECURITIES:

See Cover Page

(e) CUSIP NUMBER:

See Cover Page

ITEM 3: The person filing is an investment adviser in accordance with

Rule 13d-1(b)(1)(ii)(E)

ITEM 4: OWNERSHIP:

(a) AMOUNT BENEFICIALLY OWNED:

See Item 9 on page 2

(b) PERCENT OF CLASS:

See Item 11 on page 2

(c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND

SHARED):

See Items 5-8 on page 2

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ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

0

Not Applicable

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:

Not Applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not Applicable

ITEM 10: CERTIFICATIONS:

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.

SIGNATURE

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.

Date: February 3, 2015

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD

Daniel W. Finegold

Vice President and Assistant Secretary