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ASTRONIC Form 4 April 07, 200												
FORM										OMB A	PPROVAL	
	UNITED S	STATES		RITIES AND EXCHANGE COMMISSION					COMMISSION	OMB Number:	3235-0287	
Check this box			vv as	Washington, D.C. 20549						Expires:	January 31	
if no long subject to Section 1 Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Estimated average burden hours per response 0.					
(Print or Type l	Responses)											
1. Name and A KEANE KE	Address of Reporting D EVIN T	Person <u>*</u>	2. Issuer Symbol ASTRO			Ticker or '		ıg	5. Relationship of Issuer			
(Last)	(First) (M	(liddle)		f Earliest Transaction					(Check all applicable)			
			(Month/Day/Year) 04/06/2005						_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) Chairman			
BUFFALO,	(Street) , NY 14207		4. If Amer Filed(Mon			-			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Pe	erson	
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Acc	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	2A. Deemed 3 Execution Date, if 7			4. Securi m(A) or Di (D)	ties A ispose	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
* • • • *				Code	V	Amount		Price	(Instr. 3 and 4)			
\$.01 Par Value Common Stock	04/06/2005			S		700	D	\$ 6.51	195,591	D		
\$.01 Par Value Common Stock	04/06/2005			S		100	D	\$ 6.55	195,491	D		
\$.01 Par Value Common Stock	04/06/2005			S		200	D	\$ 6.76	195,291	D		

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\$.01 Par Value Class B Stock	486,476	D	
\$.01 Par Value Common Stock	58,879	Ι	By Spouse
\$.01 Par Value Class B Stock	24,828	Ι	By Spouse

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title Amoun Underly Securit (Instr. 3	it of ying	8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 13.492					04/26/2002	04/26/2006	\$.01 PV Com Stk	14,860	
Option	\$ 13.492					04/26/2002	04/26/2006	\$.01 PV Cl B Stk	3,715	
Option	\$ 12.266					04/26/2002	04/26/2011	\$.01 PV Cl B Stk	696	
Option	\$ 12.266					04/26/2002	04/26/2011	\$.01 PV	2,783	

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				Com Stk	
Option	\$ 11.244	01/25/2003	01/25/2007	\$.01 PV Com Stk	14,819
Option	\$ 10.221	01/25/2003	01/25/2012	\$.01 PV Com Stk	4,936
Option	\$ 5.328	07/24/2003	01/24/2012	\$.01 PV Com Stk	55,912
Option	\$ 5.49	07/19/2004	07/19/2013	\$.01 PV Com Stk	27,300
Option	\$ 5.09	06/14/2005	12/14/2014	\$.01 PV Com Stk	29,500

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	Director 10% Owner Officer		Other				
KEANE KEVIN T 1801ELMWOOD AVE BUFFALO, NY 14207	Х	Х	Chairman					

Signatures

/s/ C. Anthony Rider, as Power of Attorney for Kevin T. Keane

**Signature of Reporting Person

04/07/2005

Date

Explanation of Responses:

* 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).

(1) Mr. Keane disclaims any beneficial interest in shares held by his wife.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.