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Form 4	CS CORP										
November									OM	1B APPROV	AL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					ON OMB Numbe	er:	5-0287				
Check if no lo subject Section Form 4	F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES					Estima	ated average n hours per				
	ions Filed pu	(a) of the	Public I		lding Co	mpa	ny Ac	nge Act of 193 t of 1935 or Sec 1940			
(Print or Typ	e Responses)										
	l Address of Reporting JA ROBERT J	g Person <u>*</u>	Symbol	er Name an ONICS C			-	5. Relationshi Issuer		-	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				Check all appl				
38 QUARTERMASTER DRIVE			(Month/Day/Year) 11/10/2015					X_ Director10% Owner Officer (give titleOther (specify below) below)			
	(Street)			nendment, D onth/Day/Yea	-	nal		6. Individual of Applicable Line _X_ Form filed Form filed	e) by One Report	ing Person	
(City)	(State)	(Zip)	70		D	G	••	Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3,	ties (A) of of (D 4 and (A) or	or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)	rm: Direct Indirect or Beneficial lirect (I) Ownership	
\$.01 PV Com Stk	11/10/2015			Code V S	Amount 525	(D) D	Price \$47	30,181	I	Robert J McKeni Revocal Trust <u>(1)</u>	na ble
\$.01 PV Cl B Stk								4,606	I	Robert J McKenn Revocal Trust (1)	na ble

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 Derivatives Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 7.3					09/20/2008	03/20/2018	\$.01 PV Com Stk	2,500	
Option	\$ 7.3					09/20/2008	03/20/2018	\$.01 PV Cl B Stk	4,047	
Option	\$ 3.53					09/05/2009	03/05/2019	\$.01 PV Com Stk	4,000	
Option	\$ 3.53					09/05/2009	03/05/2019	\$.01 PV Cl B Stk	4,379	
Option	\$ 4.22					09/02/2010	03/02/2020	\$.01 PV Com Stk	5,000	
Option	\$ 4.22					09/02/2010	03/02/2020	\$.01 PV Cl B Stk	5,474	
Option	\$ 10.29					08/28/2011	02/28/2021	\$.01 PV Com Stk	2,500	

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Option	\$ 10.29	08/28/2011	02/28/2021	\$.01 PV Cl B Stk	2,737
Option	\$ 18.11	08/28/2012	02/28/2022	\$.01 PV Com Stk	3,000
Option	\$ 18.11	08/28/2012	02/28/2022	\$.01 PV Cl B Stk	2,713
Option	\$ 16.73	08/22/2013	02/22/2023	\$.01 PV Com Stk	3,000
Option	\$ 16.73	08/22/2013	02/22/2023	\$.01 PV Cl B Stk	1,968
Option	\$ 47.36	09/03/2014	03/03/2024	\$.01 PV Com Stk	2,000
Option	\$ 47.36	09/03/2014	03/03/2024	\$.01 PV Cl B Stk	760
Option	\$ 60.68	09/10/2015	03/10/2026	\$.01 PV Com Stk	3,000
Option	\$ 60.68	09/10/2015	03/10/2026	\$.01 PV Cl B Stk	450

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCKENNA ROBERT J 38 QUARTERMASTER DRIVE SALEM, SC 29676	Х						

Signatures

/s/David C. Burney as Power of Attorney for Robert J. McKenna

**Signature of Reporting Person

11/12/2015

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) Represents shares held by the Robert J. McKenna Revocable Trust. The beneficiaries of the trust are the reporting persons immediate family. The reporting person serves as one of two trustees and shares voting and investment power.

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.