#### Edgar Filing: CURTISS WRIGHT CORP - Form 4

CURTISS W Form 4	WRIGHT CORP											
April 06, 20	05											
FORM	Λ4		an aru							APPROVAL		
	UNITED	STATES		RITIES A shington			ANGE (	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer					DENTE				Expires:	January 31, 2005		
subject to Section 16. Form 4 or Form 5 obligations may continue STATEMENT OF CHANGES I SECU					<b>S IN BENEFICIAL OWNERSHIP OF</b> <b>CCURITIES</b> ) of the Securities Exchange Act of 1934, y Holding Company Act of 1935 or Section tment Company Act of 1940					Estimated average burden hours per response 0.		
(Print or Type	Responses)											
	Address of Reporting ASSET MANAG	-	Symbol	er Name <b>an</b> e ISS WRIC			c	5. Relationship o Issuer	f Reporting P	Person(s) to		
(Last)		Middle)		of Earliest T		-	Смр]	(Che	ck all applica	ble)		
(]			(Month/Day/Year) 04/04/2005					Director Officer (giv below)		0% Owner Other (specify		
RYE, NY 1	(Street)			endment, D onth/Day/Yea	-	al		6. Individual or J Applicable Line) Form filed by _X Form filed by	One Reporting	Person		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Aco	Person quired, Disposed of	of. or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi or(A) or Di (Instr. 3,	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock - Class B	04/04/2005			Р	500	A	\$ 56.01	4,000	I	By: Investment Partnership		
Common Stock - Class B								99,200	Ι	By: Investment Partnership		
Common Stock - Class B								18,800	I	By: Investment Partnership		

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Common Stock - Class B	5,300	Ι	By: Investment Partnership
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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

#### **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
1	Director	10% Owner	Officer	Other
GABELLI ASSET MANAGEMENT INC ET AL ONE CORPORATE CENTER RYE, NY 10580		Х		
GABELLI MARIO J C/O GABELLI ASSET MANAGEMENT INC ONE CORPORATE CENTER RYE, NY 10580		Х		
GABELLI GROUP CAPITAL PARTNERS INC 140 GREEWNICH AVENUE GREENWICH, CT 06830		Х		
Cianaturaa				

### Signatures

/s/ James E. McKee Attorney-in-Fact for MARIO J. GABELLI and Secretary for GABELLI ASSET MANAGEMENT INC. and GGCP, INC.

04/06/2005

\*\*Signature of Reporting Person

## **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).

The Reporting Persons have less than a 100% interest in this entity. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater than Reporting Persons indirect pecuniary interests. The Reporting Persons hereby disclaim beneficial ownership of these securities in excess of their pecuniary interests.

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.