Edgar Filing: ASTRONICS CORP - Form 4

ACTRONICS CODE

| Form 4 | CS CORP | | | | | | | | | |
|---|---|--|---|---|---|---------------|--|--|---|--|
| October 13 | , 2016 | | | | | | | | | |
| FORI | UNITED | | AND EX(n, D.C. 20 | | PPROVAL 3235-0287 | | | | | |
| if no lo subject Sectior Form 4 Form 5 obligat may co | to 16. or Filed pu ions Section 17 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | |
| (Print or Type | e Responses) | | | | | | | | | |
| 1. Name and Kevin T. H | er Name and Ticker or Trading ONICS CORP [ATRO] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Montl | | | e of Earliest Transaction h/Day/Year) /2016 | | | | DirectorX 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BUFFALO | D, NY 14207-2463 | 3 | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) Ta | ble I - Non | -Derivative | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | on Date 2A. Deemed y/Year) Execution Date, if any (Month/Day/Year) | | 4. Securitie on(A) or Disp (Instr. 3, 4 | (A) or | 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) | |
| \$.01 PV Cl B Stk | 10/11/2016 | | Code V J(1) | Amount 195,040 | (D) A | Price \$ 0 | 1,495,309 | D | | |
| | | | | | | | | | | |

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)

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| 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Kevin T. Keane 2016 GRAT 1801 ELMWOOD AVENUE, SUITE 1 BUFFALO, NY 14207-2463 | | Х | | | | | |
| Signatures | | | | | | | |
| /s/David C. Burney, as Power of Attorney Keane | 10/13/2016 | | | | | | |
| <u>**</u> Signature of Reporting Person | 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).
- Shares issued pursuant to a three-for-twenty distribution of Class B Stock to holders of both Common and Class B Stock on the record (1) date of October 11, 2016.

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.