## SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**SCHEDULE 13G** 

Under the Securities Exchange Act of 1934

## (Amendment No. 1)\*

# **ASTRONICS CORPORATION**

(Name of Issuer)

Common Stock (Title of Class of Securities)

> 046433 10 8 (CUSIP Number)

December 31, 2009

(Date of Event Which Requires Filing of this Statement)

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

- ☑ Rule 13d-1(b)
- $\square$  Rule 13d-1(c)
- □ Rule 13d-1(d)

\*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.

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).

046433 10 8

## 13G Amendment No. 1

2 of 6 Pages Page

	NAM	ES OF	F REPORTING PERSONS			
1	The Northwestern Mutual Life Insurance Company					
	The normwestern mutual the insurance company					
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)					
2	$\begin{array}{c c} (a) & \Box \\ (b) & \boxtimes \end{array}$					
3	SEC USE ONLY					
	CITIZ	ENSF	HIP OR PLACE OF ORGANIZATION:			
4 Wisconsin						
		-	SOLE VOTING POWER			
NUMBE	ER OF 5		0			
SHAR		(	SHARED VOTING POWER			
BENEFICI OWNED		6	33,040			
EAC		_	SOLE DISPOSITIVE POWER			
REPORT PERSO		7	0			
WITH	H:	0	SHARED DISPOSITIVE POWER			
		8	33,040			
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON:		TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON:				
9	33,040	)				
	CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS):					
10	N/A					
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9:					
	0.4%					
12	ТҮРЕ	TYPE OF REPORTING PERSON (SEE INSTRUCTIONS):				
	IC					

CUSIP N	o. 046433 10 8	<b>13G</b> Amendment No. 1	Page 3 of 6 Page				
Item 1							
(a)	Name of Issuer: Astronics Cor	poration					
(b)	Address of Issuer's Principal Executive Offices: 130 Commerce Way, East Aurora, NY 14052						
Item 2							
(a)	Name of Person Filing: The N	orthwestern Mutual Life Insurance Company					
(b)	Address of Principal Business Office: 720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202						
(c)	Citizenship or Place of Organi	zation: Wisconsin					
(d)	Title of Class of Securities: Co	mmon Stock					
(e)	CUSIP Number: 046433 10 8						
Item 3 If	this statement is filed pursual	nt to Sections 240.13d-1(b), or 240.13d-2(b) or (c), ch	eck whether the person filing is a:				
(a)	□ Broker or Dealer registered	under Section 15 of the Act					
(b)	$\square$ Bank as defined in section 3	S(a)(6) of the Act					
(c)	☑ Insurance company as defin	ed in section 3(a)(19) of the Act					
(d)	□ Investment company register	ered under section 8 of the Investment Company Act of	1940				
(e)	□ An investment adviser in ac	cordance with section 240.13d-1(b)(1)(ii)(E)					
(f)	$\Box$ An employee benefit plan of	r endowment fund in accordance with section 240.13d-	1(b)(1)(ii)(F)				
(g)	□ A parent holding company	or control person in accordance with section 240.13d-1	(b)(1)(ii)(G)				

Page 3 of 6 Pages

CUSIP No.	046433 10 8	13G	Page	4	of	6 Pages	
		Amendment No. 1	-		-		
(h) 🗆	A savings association as						

- (i) □ A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940
- (j)  $\Box$  A non-U.S. institution in accordance with Section 240.13d-1(b)(1)(ii)(J)
- (k)  $\Box$  Group, in accordance with section 240.13d-1(b)(1)(ii)(K)

If filing as a non-U.S. institution in accordance with Section 240.13d-1(b)(1)(ii)(J), please specify the type of institution:

### **Item 4 Ownership**

(a) Amount Beneficially Owned: 33,040 shares owned directly by The Northwestern Mutual Life Insurance Company ("Northwestern Mutual").

Mason Street Advisors, LLC, a wholly owned company of Northwestern Mutual and a registered investment advisor, serves as an investment advisor to Northwestern Mutual and it shares voting and investment power with respect to the aforementioned holdings. Mason Street Advisors, LLC's principal place of business is 720 East Wisconsin Avenue, Milwaukee, Wisconsin, 53202. It is organized under Delaware law.

- (b) Percent of Class: 0.4%
- (c) Number of shares as to which such person has:
  - (i) Sole power to vote or to direct the vote: 0
  - (ii) Shared power to vote or to direct the vote: 33,040

CUSIP No.	046433 10 8
-----------	-------------

13G Amendment No. 1 Page 5 of

6 Pages

- (iii) Sole power to dispose or to direct the disposition of: 0
- (iv) Shared power to dispose or to direct the disposition of: 33,040

#### Item 5 Ownership of Five Percent or Less of a Class

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following  $\square$ .

#### Item 6 Ownership of More than Five Percent on Behalf of Another Person: N/A

Item 7 Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person: N/A

#### Item 8 Identification and Classification of Members of the Group: N/A

#### Item 9 Notice of Dissolution of Group: $\ensuremath{\mathrm{N/A}}$

#### **Item 10 Certification**

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.

CUSIP No.

046433 10 8

13G

Page 6 of

of 6 Pages

Amendment No. 1

## 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.

January 27, 2010

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

By: /s/ Raymond J. Manista

Raymond J. Manista General Counsel and Secretary

1304600