FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Typ	e Response	s)																
1. Name and Address of Reporting Person * KEANE KEVIN T				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]							ol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director X_10% Owner					
(Last) (First) (Middle) 1801ELMWOOD AVE				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2004							ear)		X Officer (give title below) Other (specify below) Chairman					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person											e Line)			
BUFFALO	O, NY 142	07											-	Form filed b	by More than Or	ne Reporting Per	rson	
(City))	(State)	(Zip)				Tab	le I - I	Non-Der	ivativ	e Sec	curities A	cquir	ed, Dispos	ed of, or Be	neficially O	wned	
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)			2A. Deemed Execution Date, if		, if		nsaction 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			(D) E	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial		
					onth/Da	ıy/Y		Cod		Amo		(A) or (D) P	rice	Instr. 3 and	14)	,	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
\$.01 Par Value Common Stock 02/11/2004							S		1,00	0 1	D \$ 5	.58	216,491			D		
\$.01 Par V	alue Class	B Stock											4	186,473			D	
\$.01 Par V	alue Com	mon Stock											5	58,879			I	*By Spouse
\$.01 Par V	alue Class	B Stock											2	24,828			I	*By Spouse
(Instr. 3)	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date	(e.g.,	4. 5. N Transaction of Code Der (Instr. 8) Sec		5. No of Deri Secu Acqu	Number 6. Date Expira (Mont curities equired		tion Date Ar h/Day/Year) Ur Se		7. Tit Amo Unde Secur	Title and nount of derlying curities str. 3 and 4) 8. Price of 9 Derivative I Security (Instr. 5)		Derivative Securities Beneficially Owned	Owners Form of Derivat Security	Ownersh (Instr. 4)	
	Security						(A) of Disp of (I (Inst 4, an	oosed D) tr. 3,								Following Reported Transaction (Instr. 4)	or Indire	ect
					Code	V	(A)	(D)	Date Exercis	able	Exp Date	piration e	Title	of Shares				
Option**	\$ 6.761								01/18/	2001	01/	18/2005	PV Con Stk	19,010		19,010	D	
Option**	\$ 6.761								01/18/	2001	01/	18/2005	\$.01 PV CL I Stoc	7,128		7,128	D	
Option**	\$ 13.492								04/26/	2002	04/	26/2006	\$.01 PV Con Stk	14,860		14,860	D	
Option**	\$ 13.492								04/26/	2002	04/	26/2006	Stoc	3,715		3,715	D	
Option**	\$ 12.266								04/26/	2002	04/	26/2011	\$.01 PV CL I Stoc	696 B		696	D	
													\$.01	1				

Option**	\$ 11.244				01/25/2003	01/25/2007	PV Com	14,819	14,819	D	
Option**	\$ 10.221				01/25/2003	01/25/2012	\$.bh PV Com Stk	4,936	4,936	D	
Option**	\$ 5.328				07/24/2003	01/24/2013	\$.01 PV Com Stk	55,912	55,912	D	
Option**	\$ 12.266				04/26/2002	04/26/2011	\$.01 PV Com Stk	2,783	2,783	D	

Reporting Owners

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

Signatures

/s/C. Anthony Rider, as Power of Attorney for Kevin T. Keane	02/13/2004	
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).
- (1) Mr. Keane disclaims any beneficial interest in the 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.