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

Option

Option

\$ 5.49

\$ 5.09

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

	ction 1(b).			Inv	estme	ent C	Compa	ıny Act	t of 19	940							
(Print or Type Responses) 1. Name and Address of Reporting Person * KEANE KEVIN T				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)							>	X_ DirectorX_ 10% OwnerX_ Officer (give title below) Other (specify below) Chairman					
1801ELMWOOD AVE (Street)				07/05/2006 4. If Amendment, Date Original Filed(Month/Day/Year)							6.	Individua	al or Joint/G		eck Applicable	Line)	
BUFFALO, NY 14207				The continues of the co								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow								vned							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, is any (Month/Day/Year		if C	(Instr. 8)		(A) or	r Disposed of (I				ollowing (S)	owing Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	V	Amou	(A) or (D)	Price	•			(I) Instr. 4)	(IIIstr. 4)
\$.01 Par	Value Com	mon Stock	07/05/2006				S		1,000) D	\$ 12.58	8 18	32,934])	
\$.01 Par	Value Clas	s B Stock										49	90,887])	
\$.01 Par	Value Com	nmon Stock										58	3,879]		By Spouse
\$.01 Par	Value Clas	s B Stock										24	1,828]		By Spouse
			Table II - 1	Derivative	Secur	rities	Acqui	conta the fo	ained orm d	in this fo	orm a	re ne entl	ot requi y valid (ormation cond unless col number.		1474 (9-02)
1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) any		3A. Deemed Execution Date	4. 5. if Transaction of Code D Instr. 8) S A (£		5. No of Derir Secu Acqu (A) of Disp of (I (Inst	5. Number 6. I		Expiration Date An Month/Day/Year) Un Se			. Titl amou Inder	mount of Derivative Security		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownership (Instr. 4)	
				Code	· V	(A)		Date Exercise	able	Expiration Date	n T		Amount or Number of Shares				
Option	\$ 11.244							01/25/	2002	01/25/20	007	5.01 PV Com Stk	14,819		14,819	D	
Option	\$ 10.221							01/25/	2002	01/25/20	012	5.01 PV Com Stk	4,936		4,936	D	
Option	\$ 5.328							07/24/	2003	01/24/20	013]	5.01 PV Com	55,912		55,912	D	

\$.01 PV

Com Stk \$.01 PV

Com Stk \$.01 27,300

29,500

27,300

29,500

D

D

08/19/2004 02/19/2014

06/14/2005 12/14/2014

Option	\$ 13.41			09/06/2006	03/06/2016	PV	5,000	5,000	D	
1	, , , ,					Com		,,,,,,		
						Stk				

Reporting Owners

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

Signatures

/s/Daniel J. Geary, as Power of Attorney for Kevin T. Keane	07/06/2006	
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 ownership in 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.