## 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).

Option

Option

\$ 5.328

\$ 5.49

#### 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

	ne Response	oe)				•	٠									
(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)  X_Director X_10% Owner												
(Last) (First) (Middle) 1801ELMWOOD AVE				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2006							X Officer (give title below)					
(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 Form filed by More than One Reporting Person				e Line)	
BUFFALO, NY 14207 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if		3. Trans Code (Instr. 8		(A) or	curities Acquired Disposed of (D) 3, 4 and 5)		5. Amount of Securities			ollowing (S) I	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
\$.01 Par	Value Com	nmon Stock	08/16/2006			Code	V	Amou	D	Price \$	19	80,806		( I	Instr. 4)	
		nmon Stock	08/16/2006			S		200	D	\$ 15.30	1.0	180,606			)	
\$.01 Par Value Common Stock 08/16/2006					S		477	D	15.30 \$ 15.40	19	180,129			)		
\$.01 Par	\$.01 Par Value Common Stock 08/16/2006		08/16/2006			S		195	D	\$ 15.4	1'	179,934		I	)	
\$.01 Par	Value Clas	s B Stock									49	90,887		I	)	
\$.01 Par Value Common Stock									58	8,879		I		By Spouse (1)		
\$.01 Par Value Class B Stock									24	4,828		Ι		By Spouse (1)		
Reminder:	Report on a	separate line fo	r each class of securi	ties beneficiall	ly owr	ned direc	Pers	sons w tained	ho respo	orm a	re n	ot requi		ormation bond unless ol number.		1474 (9-02)
				Derivative Sec e.g., puts, call		-	-	-			•	Owned				
Security	Conversion	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Date	4. See, if Transaction Code I (Instr. 8)		Number	6. Date Exercisable and Expiration Date (Month/Day/Year) cs d		isable and ite	7 A U S	. Titl Amou Inder Secur	le and unt of rlying ities . 3 and 4)	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)
				Code	V (A		Date Exerci	sable	Expiration Date	n T	Title	Amount or Number of Shares				
Option	\$ 11.244						01/25	/2002	01/25/20	007	S.01 PV Com Stk	14,819		14,819	D	
Option	\$ 10.221						01/25	/2002	01/25/20	012	S.01 PV Com Stk	4,936		4,936	D	
											~ en					

PV

Com

\$.01

55,912

27,300

D

D

07/24/2003 01/24/2013

08/19/2004 02/19/2014 PV

						Com				
Option	\$ 5.09			06/14/2005	12/14/2015	Stk \$.01 PV Com Stk	29,500	29,500	D	
Option	\$ 13.41			09/06/2006	03/06/2016	\$.01 PV Com Stk	5,000	5,000	D	

### **Reporting Owners**

D	Relationships								
Reporting Owner Name / Address	Director 10% Owner Officer		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	08/17/2006	
**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.