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

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

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### 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 Type Responses	5)											
1. Name and Address of MCKENNA ROBEF	2. Issuer Name an ASTRONICS CO			ling Sym	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
38 QUARTERMAS	(First) TER DRIVE		3. Date of Earliest 7 03/05/2009	Fransaction	(Moi	nth/Day/Y	(ear)	Officer (give title below) Other (specify below)				
SALEM, SC 29676	4. If Amendment, I	Date Origina	al File	ed(Month/E	0ay/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						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
(Instr. 3) Date			2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D)	Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
\$.01 PV Com Stk									22,811	D		
\$.01 PV Cl B Stk									17,017	D		
Reminder: Report on a s	enarate line for	each class of securit	ies beneficially owr	ned directly	or in	directly						

Persons who respond to the collection of information

SEC 1474 (9-02)

	contained in this form are not required to respond unless the form displays a currently valid OMB control number.													
			Table II - Der								Owned			
(Instr. 3) F	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		of		6. Date Exerc Expiration Da (Month/Day/ <sup>1</sup>	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	Beneficial	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Option ( <u>1)</u>	\$ 8.082							08/15/2001	02/15/2011	\$.01 PV Com Stk	4,970	4,970	D	
Option (1)	\$ 8.082							08/15/2001	02/15/2011	\$.01 PV Cl B Stk	2,795	2,795	D	
Option (1)	\$ 5.969							08/14/2002	02/14/2012	\$.01 PV Com Stk	4,970	4,970	D	
Option	\$ 5.969							08/14/2002	02/14/2012	\$.01 PV C1 B Stk	1,243	1,243	D	
Option ( <u>1)</u>	\$ 5.232							08/28/2005	02/28/2015	\$.01 PV Com Stk	4,000	4,000	D	
Option	\$ 5.232							08/28/2008	02/28/2015	\$.01 PV Cl B Stk	1,000	1,000	D	
Option (2)	\$ 10.728							09/06/2006	03/06/2016	\$.01 PV Com Stk	5,000	5,000	D	

Option	\$ 10.728					09/06/2006		\$.01 PV C1 B Stk	1,250		1,250	D	
Option (2)	\$ 14.08					09/20/2007	03/20/2017	\$.01	5,000		5,000	D	
Option	\$ 14.08					09/20/2007	03/20/2017	\$.01 PV C1 B Stk	1,250		1,250	D	
Option (2)	\$ 15.288					09/20/2008	03/20/2018	\$.01 PV Com Stk	2,500		2,500	D	
Option	\$ 15.288					09/20/2008	03/20/2018	\$.01 PV C1 B Stk	625		625	D	
Option (2)	\$ 7.4	03/05/2009	А	4	,000	09/05/2009	03/05/2019	\$.01 PV Com Stk	4,000	\$ 7.4	4,000	D	

## **Reporting Owners**

	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
MCKENNA ROBERT J 38 QUARTERMASTER DRIVE SALEM, SC 29676	Х									

## Signatures

 /s/David C. Burney as Power of Attorney for Robert J. McKenna
 03/06/2009

 ----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) Granted pursuant to Company's 1997 Directors Stock Option Plan.

(2) Granted pursuant to Company's 2005 Directors Stock Option Plan.

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.