FORM 3

(Print or Type Responses)

Person *

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated aver	age				
burden hours p	er				
response	0.5				

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

Statement

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ASTRONICS CORP [ATRO]

12/11	/2014	4. 1	Palationshi	p of Reporting	F TC A	1 . 5 . 6	
				ssuer	Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year)	
		title	(Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) Principal Accounting Officer			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting	
p)	Table I - Non-Derivative Securities Beneficially Owned						
·	Benefi	cially Owr		Ownership	Ownership	lirect Beneficial	
o respond t I to respond	o the collect I unless the	tion of inf form disp	ormation plays a cu	contained i	n this form ar I OMB contro		
Date Exerc Expiration Da	Exercisable and 3. Title on Date Secur (VyYear) Deriv		d Amount Underlyin	of 4. g Conversi	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Expiration Date	Title		Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
12/11/2015	12/11/2024	\$.01 PV Com Stk	1,120	\$ 46.89	D		
	Securities Ben 2. Date Exerc Expiration Da (Month/Day/Year) Date Exercisable	2. Am Benefi (Instr. 2. Date collect d to respond to the collect d to respond unless the 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Exercisable Date	Table I - Non- 2. Amount of Sec Beneficially Own (Instr. 4) e for each class of securities beneficially or respond to the collection of infection to respond unless the form displayed to respond unless the form displayed (e.g., p. 2.) 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date Title 12/11/2015 12/11/2024 Com	Table I - Non-Derivation 2. Amount of Securities Beneficially Owned (Instr. 4) e for each class of securities beneficially owned on respond to the collection of information of to respond unless the form displays a cube considerable and Expiration Date (Month/Day/Year) Date Exercisable and Expiration Date Exercisable Expiration Date Exercisable Date Title Amount of Number of Shares \$.01 PV	Table I - Non-Derivative Securities 2. Amount of Securities Beneficially Owned (Instr. 4) Securities	Table I - Non-Derivative Securities Beneficially 2. Amount of Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 5) 3. Ownership (Instr. 5) 4. Nature of Indivect (I) (Instr. 5) 4. Nature of Indivect (I) (Instr. 5) 5. Overship Corespond to the collection of information contained in this form are in the responding to the content of the responding to the content of the collection of information contained in this form are in the responding to the content of the responding to	

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hedges Nancy L 130 COMMERCE WAY			Principal Accounting Officer		
EAST AURORA, NY 14052			Timelpar Accounting Officer		

Signatures

/S/David C. Burney, as Power of Attorney for Nancy L. Hedges	12/16/2014
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.