

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

| OMB APPRO | VAL |
|-------------------|-------|
| OMB | 3235- |
| Number: | 0104 |
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| burden hours pe | r |
| response | 0.5 |

INITIAL STATEMENT OF 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) | | | | | | | |
|----------------------------------|---|-------------------------|---|-------------------|--|--------------------------------|--|
| 1. Name and Address of Reporting | 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol | | | | | | |
| Person [*] | Statement | | ASTRONICS CORP [ATRO] | | | | |
| MORAN MARK J | (Month/Day/Yea | ar) | | | | | |
| (Last) (First) (Middle) | 12/14/2018 | | 4. Relationship of Reporting | | | 5. If Amendment, Date Original | |
| 130 COMMERCE WAY | | | Person(s) to Issuer | | | Filed(Month/Day/Year) | |
| (Street) | | | (Check all applicable) X Director 10% Ov | | | 6. Individual or Joint/Group | |
| | | Officer (g | | ve Other (specify | | Filing(Check Applicable Line) | |
| EAST AURORA, NY 14052 | PRA, NY 14052 <u>title below) below)</u> | | below) | | _X_Form filed by One Reporting Person Form filed by More than One Reporting | | |
| | | | | | | Person | |
| (City) (State) (Zip) | Ta | able I - No | on-Derivati | ve Securitie | es Ben | eficially Owned | |
| 1.Title of Security | 2 | 2. Amount of Securities | | 3. | 4. Nature of Indirect Beneficial | | |
| (Instr. 4) | | Beneficially Owned | | Ownership | Ownership | | |
| | (In | nstr. 4) | | Form: Direct | (Instr. | 5) | |
| | | | | (D) or | | | |
| | | | | Indirect (I) | | | |
| | 0 | | | (Instr. 5) | | | |
| \$.01 PV Com Stk | | | D | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1473 (7-02)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Tuble II Delitative Securities Denenetary of the (e.g., publ) suits, spitolo, contention securities, | | | | | | | | | | | |
|--|------------------------------|------------------------|---------------------|-------------------|-------------|------------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exer and Expirati | ration Date | | rities Underlying | | Ownership | 6. Nature of Indirect Beneficial Ownership | | | | |
| | (Month/Day/Year) | | Derivative Security | | or Exercise | Form of | (Instr. 5) | | | | |
| | | | (Instr. 4) | | Price of | Derivative | | | | | |
| | Date | Expiration | | | | Security: | | | | | |
| | Exercisable | Date | | A | Security | Direct (D) | | | | | |
| Exclusione Build | 2 410 | Title Amount of Shares | le Amount or Number | | or Indirect | | | | | | |
| | | | of Shares | | (I) | | | | | | |
| | | | | | | (Instr. 5) | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| MORAN MARK J 130 COMMERCE WAY EAST AURORA, NY 14052 | Х | | | | | |

Signatures

| /s/Julie Davis, as Power of Attorney for Mark J. Moran | 12/26/20 |
|--|----------|
| is such as to wer of recomey for wards. Worah | 12/20/20 |

**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.