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 Respons	es)		n								
1. Name and Address of MCKENNA ROBE	2. Issuer Name an ASTRONICS C			•••	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 38 QUARTERMAS	(First) STER DRIVE	3. Date of Earliest 7 03/06/2006	Transaction	n (Mo	onth/Day/	Year)		Other (specify be	low)		
SALEM, SC 29676	4. If Amendment, I	Date Origin	al Fil	ed(Month/I	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					
(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 any (Month/Day/Year)	(Instr. 8)	v	(A) or Disposed of (D)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership
\$.01 PV Com Stk									1,100	D	
\$.01 PV Cl B Stk									412	D	
Reminder: Report on a	separate line for	Table II - 1	ties beneficially own	es Acquire	Pers cont the f d, Di	ons who ained in orm disp sposed of	this fo plays a , or Ben	rm ar curre eficia		ss	1474 (9-02)
1. Title of 2.	3. Transaction	3A. Deemed	4. 5.	Number 6	. Date	e Exercisa	ble and	7.	Title and 8. Price of 9. Number	of 10.	11. Natu

Security	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	)		tive ies ed ed	6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Titl Amou Under Secur (Instr.	nt of lying	Derivative Security (Instr. 5)	Owned	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option (1)	\$ 13.41	03/06/2006		А		5,000		09/06/2006	03/06/2016	\$.01 PV Com Stk	5,000	\$ 0	5,000	D	
Option (2)	\$ 3.392							02/13/1998	02/13/2007	\$.01 PV Com Stk	5,467		5,467	D	
Option (2)	\$ 3.392							02/13/1998	02/13/2007	\$.01 PV Cl B Stk	2,050		2,050	D	
Option (2)	\$ 4.589							02/06/1999	02/06/2008	\$.01 PV Com Stk	6,834		6,834	D	
Option (2)	\$ 4.589							02/06/1999	02/06/2008	\$.01 PV Cl B Stk	2,562		2,562	D	
Option (2)	\$ 5.999							02/05/2000	02/05/2009	\$.01 PV Com Stk	4,970		4,970	D	
Option (2)	\$ 5.999							02/05/2000	02/05/2009	\$.01 PV Cl B Stk	1,864		1,864	D	

Option (2)	\$ 5.341		02/15/2001	02/15/2010	\$.01 PV Com Stk	4,970	4,970	D	
Option (2)	\$ 5.341		02/15/2001	02/15/2010	\$.01 PV Cl B Stk	1,864	1,864	D	
Option (2)	\$ 10.102		02/15/2002	02/15/2011	\$.01 PV Com Stk	4,970	4,970	D	
Option (2)	\$ 10.102		02/15/2002	02/15/2011	\$.01 PV C1 B Stk	1,242	1,242	D	
Option (2)	\$ 7.461		08/14/2002	08/14/2012	\$.01 PV Com Stk	4,970	4,970	D	
Option (2)	\$ 5.183		08/11/2003	08/11/2013	\$.01 PV Com Stk	4,970	4,970	D	
Option (2)	\$ 5.49		02/19/2005	02/19/2014	\$.01 PV Com Stk	4,000	4,000	D	
Option (2)	\$ 6.54		02/28/2005	02/15/2015	\$.01 PV Com Stk	4,000	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 "Signature of Reporting Person

03/08/2006 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 2005 Directors Stock Option Plan.
- (2) Granted pursuant to Company's 1997 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.