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

OMB APPROVAL OMB Number: 3235-0 Estimated average burden 3235-0287 0.5 hours per response...

Check this box if no longer subject to Section 16. Form 4 or

Option\*

\$ 3.392

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

may c	ontinue. See ction 1(b).		oursuant to Section	n 16(a) of the Investm				_		34 or	Sect	10n 30(h	i) of the			
(Print or Type Responses)  1. Name and Address of Reporting Person * BRADY ROBERT T  (Last) (First) (Middle) C/O MOOG INC., JAMISON ROAD AND SENECA STREET  (Street)				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [NASD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector					
				3. Date of Earliest Transaction (Month/Day/Year) 02/12/2004												
EAST AU	JRORA, N	Y 14052 (State)	(Zip)											ne Reporting Person		
								ired, Disposed of, or Beneficially Owned  5. Amount of Securities 6. 7. Nature								
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	, if (			(A) or Disposed of (I (Instr. 3, 4 and 5)		) Beneficiall		ly Owned Following Γransaction(s)		Ownership orm: Oirect (D) r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	Amou	nt (A) or	Pri	ce			() Instr. 4)		
\$.01 Par V	Value Com	nmon Stock	02/12/2004			A		6,834	A	\$ 1.1	17 6,	6,834		I	)	
\$.01 Par \	Value Com	nmon Stock	02/12/2004			D		1,891	D	\$ 5.5	5 3	31,307			)	
\$.01 Par Value Class B Stock 02/12/2004					A		2,562	A A	\$ 1.1	17 18	8,281		I	)		
1. Title of 2. Derivative Conversion Date or Exercise (Month/Day/Ye Security Security		3A. Deemed Execution Date	e.g., puts, calls, 4. Transaction Code	5. Nof Der Sec Acc (A) Dis of (Ins	vants, on Number varivative surities quired or posed	ptions. 6. Date Expira	tion Date An \(\text{Day/Year}\) Un \(\text{Sec}\)		7. Titl Amou Under Secur	Title and 8. Price of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect			
				Code V	(A)		Date Exerci	sable	Expiratio Date	n	Title	Amount or Number of Shares				
Option*	\$ 1.117						02/14	/1995	02/14/20	005	\$.01 PV Com Stk	6,834		6,834	D	
Option*	\$ 1.117						02/14	/1995	02/14/20		\$.01 PV CL B Stk	2,562		2,562	D	
Option*	\$ 2.181						02/08	/1997	02/08/20		\$.01 PV Com Stk	6,834		6,834	D	
Option*	\$ 2.181						02/08	/1997	02/08/20		\$.01 PV CL	2,562		2,562	D	

В Stk \$.01 PV

Com Stk \$.01

6,834

D

6,834

02/13/1998 02/13/2007

Option*	\$ 3.392			02/13/1998		PV CL B	2,562	2,562	D	
Option*	\$ 4.589			02/06/1999		Stk \$.01 PV Com Stk	6,834	6,834	D	
Option*	\$ 4.589			02/06/1999	02/06/2008	B Stk	2,562	2,562	D	
Option*	\$ 5.999			02/05/2000	02/05/2009	\$.01 PV Com Stk	4,970	4,970	D	
Option*	\$ 5.999			02/05/2000	02/05/2009	\$.01 PV CL B Stk	1,864	1,864	D	
Option*	\$ 5.341			02/15/2001	02/15/2010	\$.01 PV Com Stk	4,970	4,970	D	
Option*	\$ 5.341			02/15/2001	02/15/2010	\$.01 PV CL B Stk	1,864	1,864	D	
Option*	\$ 10.102			02/15/2002	02/15/2011	\$.01 PV Com Stk	4,970	4,970	D	
Option*	\$ 10.102			02/15/2002	02/15/2011	\$.01 PV CL B Stk	1,242	1,242	D	
Option*	\$ 7.461			08/14/2002	02/14/2012	\$.01 PV Com Stk	4,970	4,970	D	
Option*	\$ 5.183			08/11/2003	02/11/2013	\$.01 PV Com Stk	4,970	4,970	D	

# **Reporting Owners**

D. C. O. N. Mary (All)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BRADY ROBERT T							
C/O MOOG INC.	X						
JAMISON ROAD AND SENECA STREET	Λ						
EAST AURORA, NY 14052							

# **Signatures**

/s/David C. Burney, as Power of Attorney for Robert T. Brady	02/17/2004
**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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 \ for\ procedure.$ 

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.

