FORM 4 Check this box if no

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

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longer subject to Section 16. Form 4 or Form 5 obligations

Option

\$ 12.266

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

•	ction 1(b).			Iı	ivest	tmer	it Co	ompa	ny Ac	t of 1	940							
	pe Response		*										1,-	D-L C	hin of D		(-) t- I	
1. Name and Address of Reporting Person *- KEANE KEVIN T				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]								ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director X_ Officer (give title below) Chairman 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
(Last) (First) (Middle) 1801ELMWOOD AVE				3. Date of Earliest Transaction (Month/Day/Year) 01/19/2005								ear)						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								y/Year)						
BUFFALO, NY 14207				Form filed by More than One Reporting Person Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(City		(State)	(Zip)													•		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			if Co	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			f B	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amo		(A) or (D) P	rice				(I) (Instr. 4)	
\$.01 Par	Value Com	nmon Stock	01/19/2005					S		1,00	0	D \$	5 5 2	00,291			D	
\$.01 Par	Value Clas	s B Stock											4	86,476			D	
\$.01 Par Value Common Stock													5	8,879			I	By Spouse (1)
\$.01 Par Value Class B Stock												2	4,828			I	By Spouse	
			Table II - 1						ed, Di	sposed	l of,	-	icially	-	JWIB CONTI	ol number	•	
1. Title of	2.	3. Transaction	3A. Deemed	4.		5	. Nu		6. Date					tle and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Ye	Execution Date any (Month/Day/Ye	Code Der (Instr. 8) Sec Acc (A) Dis of (Instr. 8)		Derivate decurion (A) or Dispo f (D) Instr.	oosed			v/Year) Uı Se		Unde Secu	ount of erlying rities r. 3 and 4)	Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form of Derivate Security Direct (or Indir	Ownersh (y: (Instr. 4) (D) (rect)	
				Со	de	V	(A)	Date Exercise (D)				Expiration Tit		Amount or Number of Shares				
Option	\$ 6.761								01/18/	2001	01/	/18/2005	\$.01 PV Con Stk	19,010		19,010	D	
Option	\$ 6.761								01/18/	2001	01/	/18/2005	\$.01 PV Cl E Stk	7,128		7,128	D	
Option	\$ 13.492								04/26/	2002	04/	/26/2006	\$.01 PV Con Stk	14,860		14,860	D	
Option	\$ 13.492								04/26/	2002	04/	26/2006	\$.01 PV Cl E	2 715		3,715	D	

696

696

D

Stk \$.01 PV

Cl B Stk \$.01 PV

04/26/2002 04/26/2011

Option	\$ 12.266	04/26/2002	04/26/2011	Com 2,783 Stk	2,783	D	
Option	\$ 11.244	01/25/2003	01/25/2007	\$.01 PV Com Stk	14,819	D	
Option	\$ 10.221	01/25/2003	01/25/2012	\$.01 PV Com Stk 4,936	4,936	D	
Option	\$ 5.328	07/24/2003	01/24/2012	\$.01 PV Com Stk 55,912	55,912	D	
Option	\$ 5.49	07/19/2004	07/19/2013	\$.01 PV Com Stk 27,300	27,300	D	
Option	\$ 5.09	06/14/2005		\$.01 PV Com Stk 29,500	29,500	D	

Reporting Owners

D	Relationships							
Reporting Owner Name / Address	Director	etor 10% Owner Officer		Other				
KEANE KEVIN T								
1801ELMWOOD AVE	X	X	Chairman					
BUFFALO, NY 14207								

Signatures

/s/ C. Anthony Rider, as Power of Attorney for Kevin T. Keane	01/20/2005
**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) Mr. Keane disclaims any beneficial interest in shares held by his wife.

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

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.