FORM 4

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Option

\$ 21.56

02/28/2011

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

Instru	ction 1(b).						F	,								
(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person *- BOUSHIE RAYMOND W				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 124 LAUREL LANE				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2011							Officer (give title below) Other (specify below)					
(Street) PONTE VEDRA BEACH, FL 32082				4. If Amendment, Date Original Filed(Month/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					
PONTE (City		(State)	(Zip)			T. 1.1		. n.		G . '4' . A						
			1	24 D-	لمما							5. Amount of Securities			wned 6.	7. Nature
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if		e, if C		8) (A	A) or O)	Disposed of 3, 4 and 5)	Beneficially		y Owned Following Transaction(s)		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership		
					Code	e V A	Amount (A) or (D) Pr		rice				(I) (Instr. 4)			
\$.01 PV												000			D	
\$.01 PV	CLASS B	STOCK									2,	250			D	
			(e.g., puts,				the forr ired, Dispo options, co	n di sed nvei	in this form splays a cu of, or Benefic tible securiti	rrentl cially es)	y valid C Owned	OMB contr	ol number.		
1. Title of Derivative Security (Instr. 3)	2. 3. Transactic Conversion Date or Exercise Price of Derivative Security			e, if Transaction Code ear) (Instr. 8)		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed) . 3, 4,	Expiration (Month/D	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Owners (Instr. 4
				Code	e V	(A)	(D)	Date Exercisab	ole	Expiration Date	Title	Amount or Number of Shares				
Option	\$ 14.08							09/20/20	007	03/20/2017	\$.01 PV Com Stk	5,000		5,000	D	
Option	\$ 14.08							09/20/20	007	03/20/2017	\$.01 PV CL B STK	1,250		1,250	D	
Option	\$ 15.288							09/20/20	800	03/20/2018	\$.01 PV Com Stk	2,500		2,500	D	
Option	\$ 15.288							09/20/20	008	03/20/2018	\$.01 PV CL B STK	625		625	D	
Option	\$ 7.4							09/05/20)09	03/05/2019	\$.01 PV Com Stk	4,000		4,000	D	
Option	\$ 8.83							09/02/20)10	03/02/2020	\$.01 PV Com	5,000		5,000	D	

Stk \$.01

2,500 \$ 21.56

2,500

D

08/28/2011 02/28/2021 PV

2,500

<u>(1)</u>					Com		
					Stk		

Reporting Owners

Dan antina Commun Nama / Addussa	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BOUSHIE RAYMOND W								
124 LAUREL LANE	X							
PONTE VEDRA BEACH, FL 32082								

Signatures

/s/David C. Burney as Power of Attorney for Raymond W. Boushie	03/01/2011
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) Granted pursuant to the Company's 2005 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.