FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Option

Option

Option

\$ 5.85

\$ 6.98

\$ 6.98

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

may c	continue. See ction 1(b).	Filed Du	rsuant to Section						change Act of			or Section	on 30(h)	of the					
	pe Response		*	2 Ingular	· Non	ao and	Tiok	or or '	Tradina	Cym	nhal	5 1	Relationsh	uin of Renor	ting Person(s) to Issuer			
1. Name and Address of Reporting Person – BOUSHIE RAYMOND W				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]							11001		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 124 LAUREL LANE				3. Date of Earliest Transaction (Month/Day/Year) 02/22/2013							/Year)		X_ Director 10% Owner Officer (give title below) Other (specify below)						
(Street)															oup Filing(Che	eck Applicable L	ine)		
PONTE VEDRA BEACH, FL 32082													_X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								Acquired	ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		te, if	(Instr. 8)		(A)		Disposed o 3, 4 and 5)	f (D) Bei	neficially	of Securities Owned Following ansaction(s) 4)		Ownership Form:	Beneficial Ownership			
						Code		V A	moui	(A) or (D)	Price			(I) (Instr. 4)					
\$.01 PV	Com Stk											5,0	000			D			
\$.01 PV	CLASS B	STOCK										4,1	71			D			
		,	,					fc	orm dis	spla	ys a curre	ently val ficially O	owned	control nu					
1. Title of Derivative Security (Instr. 3)	Conversion			Date		if Transaction of Code Deri (Instr. 8) Secu (A) of Dispring of (I (Instr. 8) (Instr. 8) Code (Deriv Secur Acqu (A) o Dispo of (D	Expirative (Month/s) purities quired or posed D) str. 3, 4,		iration l	ion Date /Day/Year) U		7. Title Amount Underly Securiti (Instr. 3	of ing es		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
				Code	V	(A)	(D)		e rcisable		xpiration late	Title	Amount or Number of Shares						
Option	\$ 11.13							09/2	20/200	07 03	3/20/2017	\$.01 PV Com Stk	5,000		5,000	D			
Option	\$ 11.13							09/2	20/200	07 03	3/20/2017	\$.01 PV CL B STK			2,906	D			
Option	\$ 12.09							09/2	20/200	08 03	3/20/2018	\$.01 PV Com Stk	2,500		2,500	D			
Option	\$ 12.09							09/2	20/200	03	3/20/2018	B STK			1,453	D			
Option	\$ 5.85							09/0	05/200	9 03	3/05/2019	\$.01 PV	4,000		4,000	D			

Com Stk \$.01PV

CL B

\$.01 PV

Com Stk

PV CL

B Stk \$.01 1,060

5,000

1,325

1,060

5,000

1,325

D

D

D

09/05/2009 03/05/2019

09/02/2010 03/02/2020

09/20/2010 03/02/2020

Option	\$ 17.04				08/28/2011	02/28/2021	PV Com Stk	2,500		2,500	D	
Option	\$ 17.04				08/28/2011	02/28/2021	\$.01	663		663	D	
Option	\$ 29.99				08/28/2012	02/28/2022	\$.01 PV Com Stk	3,000		3,000	D	
Option	\$ 29.99				08/28/2012	02/28/2022	\$.01 PV CL B Stk	450		450	D	
Option	\$ 27.7	02/22/2013	A(1)	3,000	08/22/2013	02/22/2023	\$.01 PV Com Stk	3,000	\$ 27.7	3,000	D	

Reporting Owners

P (0 N (41)	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	02/25/2013
**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.