Check this box if no

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

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

longer subject to Section 16. Form 4 or

Option

Option

Option

\$ 4.22

\$ 4.22

\$ 10.29

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

| may c | continue. See ction 1(b). | L'HEU L | oursuant to Section | n 16 | | | | | | nge Ao et of 19 | | 4 or | Secti | on 30(h |) of the | | | | |
|---|---------------------------|--|---|---|--|---------|--------|--|--|--------------------|--------------------------|---|-------------------------------------|--|--|--|--|--|-----------|
| (Print or Type Responses) 1. Name and Address of Reporting Person * MCKENNA ROBERT J | | | | 2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| (Last) (First) (Middle) 38 QUARTERMASTER DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2016 | | | | | | | x | | | | | | | | |
| ` | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City | | (State) | (Zip) | | | 1 | able | I - N | on-Dei | ivative | Securities | s Acq | quirec | l, Dispos | ed of, or Be | neficially | Owne | d | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | | (A) or Disposed (D) (Instr. 3, 4 and | | of | Ben Rep (Ins | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Owner Form Director Ind (I) | ership Indi : Ber t (D) Ow | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| \$.01 PV Com Stk | | | | | Code | | V | Amour | nt (D) Pri | | 34,786 | | | | (Instr. | Ro Mc Re | Robert J McKenna Revocable Trust (1) | | |
| Reminder: | Report on a | separate line for | each class of securi | ties | beneficia | ally ov | wned o | direct | Pers | ons w | ho respo in this fo | rm a | re no | t requir | on of info ed to resp MB contro | ond unle | | SEC 147 | 74 (9-02) |
| | | | Table II - | | | | | | | | of, or Ben tible secu | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | | | | 4. 5. if Transaction of Code D (Instr. 8) Sc A (A D D of (I. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 1 | 7. Titl Amou Under Secur | nt of dying ities 3 and 4) | Derivative Security (Instr. 5) | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form of Deriva Securit Direct or Indi n(s) (I) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiratior Date | n, | Title | Amount or Number of Shares | | | | | |
| Option | \$ 7.3 | | | | | | | | 09/20 |)/2008 | 03/20/20 | 018 | \$.01 PV Com Stk | 2,500 | | 2,500 |) | D | |
| Option | \$ 7.3 | | | | | | | | 09/20 |)/2008 | 03/20/20 |)18 | \$.01 PV Cl B Stk | 4,047 | | 4,047 | , | D | |
| Option | \$ 3.53 | | | | | | | | 09/05 | 5/2009 | 03/05/20 |)19 | \$.01 PV Com Stk | 4,000 | | 4,000 |) | D | |
| Option | \$ 3.53 | | | | | | | | 09/05 | 5/2009 | 03/05/20 |)19 | \$.01 PV Cl B Stk | 4,379 | | 4,379 |) | D | |
| | | | | | | | | | | | | | \$.01 | | | | | | |

09/02/2010 03/02/2020

09/02/2010 03/02/2020

08/28/2011 02/28/2021 PV

5,000

5,474

2,500

Com Stk \$.01 PV

Cl B Stk \$.01 5,000

5,474

2,500

D

D

D

| | | | | | | | | Com | | | | | |
|--------|----------|------------|---|-----|----|------------|------------|-----------------------------------|-------|----------|-------|---|--|
| Option | \$ 10.29 | | | | | 08/28/2011 | | Stk \$.01 PV Cl B Stk | 2,737 | | 2,737 | D | |
| Option | \$ 18.11 | | | | | 08/28/2012 | 02/28/2022 | \$.01 PV Com Stk | 3,000 | | 3,000 | D | |
| Option | \$ 18.11 | | | | | 08/28/2012 | | \$.01 PV Cl B Stk | 2,713 | | 2,713 | D | |
| Option | \$ 16.73 | | | | | 08/22/2013 | 02/22/2023 | \$.01 PV Com Stk | 3,000 | | 3,000 | D | |
| Option | \$ 16.73 | | | | | 08/22/2013 | | \$.01 PV Cl B Stk | 1,968 | | 1,968 | D | |
| Option | \$ 47.36 | | | | | 09/03/2014 | | \$.01 PV Com Stk | 2,000 | | 2,000 | D | |
| Option | \$ 47.36 | | | | | 09/03/2014 | | \$.01 PV Cl B Stk | 760 | | 760 | D | |
| Option | \$ 60.68 | | | | | 09/10/2015 | | \$.01 PV Com Stk | 3,000 | | 3,000 | D | |
| Option | \$ 60.68 | | | | | 09/10/2015 | | \$.01 PV Cl B Stk | 450 | | 450 | D | |
| Option | \$ 30.32 | 02/26/2016 | A | 4,0 | 00 | 08/26/2016 | 02/26/2026 | \$.01 PV Com Stk | 4,000 | \$ 30.32 | 4,000 | D | |

Reporting Owners

| D (O N /411 | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| MCKENNA ROBERT J | | | | | | | | | |
| 38 QUARTERMASTER DRIVE | X | | | | | | | | |
| SALEM, SC 29676 | | | | | | | | | |

Signatures

| /s/David C. Burney as Power of Attorney for Robert J. McKenna | 02/29/2016 |
|---|------------|
| **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) Represents shares held by the Robert J. McKenna Revocable Trust. The beneficiaries of the trust are the reporting persons immediate family. The reporting person serves as one of two trustees and shares voting and investment power.

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

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.