FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB	3235-						
Number:	0104						
Estimated averag	е						
burden hours per							
response	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting	2. Date	e of Event F	Requirin	g 3. Issuer Nam	ool				
Person * Statement				ASTRONICS CORP [ATRO]					
JOHNSON WARREN C (Month/Day)		-)	-		_			
(Last) (First) (Middle 130 COMMERCE WAY	10/05	10/05/2016			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)				(Check all applicable)			6. Individual or Joint/Group		
(Succes)				_X_ Director 10% Owner		wner	Filing(Cheek Amiliaghle Line)		
EAST AURORA, NY 14052					Officer (give title below) Other (specify below)				
(City) (State) (Zip)		Tal	ble I - I	Non-Derivati	ve Securitie			Owned	
1.Title of Security		2. A	mount	of Securities	3.	4. Natu	re of Inc	lirect Beneficial	
(Instr. 4)		Ben	Beneficially Owned		Ownership	Owners	ship		
		(Instr. 4)			Form: Direct	et (Instr. 5)			
					(D) or				
					Indirect (I)				
					(Instr. 5)				
\$.01 PV Com Stk		0			D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security	2. Date Exer	rcisable	3. Title	and Amount of	4.	5.		6. Nature of Indirect	
(Instr. 4) and Expiration Da					Conversio		ership	Beneficial Ownership	
	(Month/Day/Yea			Derivative Security		e Forn		(Instr. 5)	
		T	(Instr. 4	4)	Price of	_	vative		
		Expiration			Derivative		irity: ct (D)		
	Exercisable	Date	Title A	Amount or Numb	Security		direct		
				f Shares		(I)	idirect		
						(Inst	r. 5)		
Reporting Owners									
Reporting Owner Name / Address	Director 10	Relationshi		Other					
JOHNSON WARREN C									
130 COMMERCE WAY	X								
EAST AURORA, NY 14052	21								
LAST AURORA, IVI 14032									
Signatures									
/s/Julie Davis as Power of Attor	rney for W	arren C. J	ohnson	10	/13/2016				
**Signature of Reporting Person Date									

Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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, 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.