

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

#### OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

### INITIAL STATEMENT OF 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

(Print or Type Responses)								
1. Name and Address of Reporting	2. Date of Event Re	equiring	3. Issuer Name and Ticker or Trading Symbol					
Person <sup>*</sup>	Statement		ASTRONICS CORP [ATRO]					
KIM NEIL Y.	(Month/Day/Year)							
(Last) (First) (Middle)	10/05/2016		4. Relationship of Reporting			5. If Amendment, Date Original		
130 COMMERCE WAY			Person(s) to Issuer (Check all applicable) _X_Director10% Owner Officer (give Other (specify			Filed(Month/Day/Year)		
(Street)						6. Individual or Joint/Group		
						Filing(Check Applicable Line)		
EAST AURORA, NY 14052		title below)		below)		_X_Form filed by One Reporting Person Form filed by More than One Reporting		
						Person		
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security	2. Ar	mount of	Securities	3.	4. Nat	ure of Indirect Beneficial		
(Instr. 4)		Beneficially Owned		Ownership	Ownership			
	(Instr	r. 4)		Form: Direct	(Instr.	5)		
				(D) or				
				Indirect (I)				
				(Instr. 5)				
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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.

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#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	and Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security		or Exercise	Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security: Security Direct (D) or Indirect (I) (Instr. 5)				

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director 10% Owner Of		Officer	Other		
KIM NEIL Y.						
130 COMMERCE WAY	Х					
EAST AURORA, NY 14052						

## Signatures

/s/Julie Davis as Power of Attorney for Neil Y. Kim		10/13/2016
**Signature of Reporting Person		Date

# **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.