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

Option

Option

Option

Option

\$ 41.18

\$41.18

\$ 52.76

\$ 52.76

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

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

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

(Print or Ty	pe Response	es)												
1. Name and Address of Reporting Person + KEANE KEVIN T				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) (First) (Middle) 1801 ELMWOOD AVE				3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017							give title below)		ther (specify be	elow)
(Street) BUFFALO, NY 14207				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				
(City	y)	(State)	(Zip)	Ta	ble I - No	n-Der	ivative S	ecurities	s Acqu	ired, Dispos	ed of, or Be	eneficially O	wned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		llowing)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	V Amount (D) Price			or Indirect (I) (Instr. 4)				
\$.01 PV	Com Stk									28,972			D	
\$.01 PV	Cl B Stk									248,537			D	
\$.01 PV	Com Stk									58,120			I	By Spouse (1)
\$.01 PV	Cl B Stk									192,275			I	By Spouse (1)
\$.01 PV (Cl B Stk									1,495,309			I	Kevin T. Keane 2016 GRAT (2)
Domindom	Depart on a	compute line for	each class of securit		and diment		dinaatler							
	Report on a	separate fille for		les benencially own	lied directi	Pers cont	ons who ained in	this fo	rm ar	the collect e not requir ntly valid C	red to resp	ond unles		1474 (9-02)
				Derivative Securiti <i>e.g.</i> , puts, calls, wa						lly Owned				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date	4. 5. if Transaction of Code De ar) (Instr. 8) Se (A Di of (Ir	Number	6. Date Expira	e Exercisa tion Date n/Day/Ye	ble and	7. A U Se	Title and mount of nderlying ecurities nstr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indire	V: Ownership V: (Instr. 4) D) ect

Amount

Number

Shares

2,000

1,174

3,000

968

D

D

D

D

2,000

1,174

3,000

968

of

Title

\$.01 PV

Com Stk \$.01 PV

Cl B Stk \$.01 PV

Com Stk \$.01 PV

Cl B Stk \$.01

Expiration

Date

09/03/2014 03/03/2024

09/03/2014 03/03/2024

09/10/2015 03/10/2025

09/10/2015 03/10/2025

Date

Code V

(A) (D)

Exercisable

0	Option	\$ 26.37					08/26/2016	PV Com Stk			4,000	D	
	Option	\$ 26.37					08/26/2016	\$.01			600	D	
	Option	\$ 32.77	03/07/2017	А	4,00	0	09/07/2017	\$.01 PV Com Stk	4,000	\$ 32.77	4,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KEANE KEVIN T 1801 ELMWOOD AVE BUFFALO, NY 14207	Х	Х						

Signatures

/s/David C. Burney, as Power of Attorney for Kevin T. Keane	03/08/2017
**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) Mr. Keane disclaims any beneficial ownership in shares held by his wife.

(2) Represents shares held by Kevin T. Keane 2016 GRAT. The beneficiary is the reporting person's family.

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.