# FORM 4

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

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

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

#### 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 * BOUSHIE RAYMOND W				2. Issuer Name and Ticker or Trading Symbol ASTRONICS CORP [ATRO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle) 124 LAUREL LANE				3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) 03/02/2018									ther (specify bel	ow)				
(Street)												Form filed	by One Reporti			Line)		
		EACH, FL 320												Form filed	by More than O	ne Reporting Per	son	
(City	i)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially						eneficially O	wned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye		(Instr. 8			(A) or (D)	(Instr. 3, 4 and 5) (A) or		Reported T (Instr. 3 and		y Owned Following Transaction(s)		Ownership Form:	Beneficial Ownership		
\$.01 PV Com Stk							Code	e V	Amou	int (D)	Pric	-	877			(Instr. 4) D		
\$.01 PV (														594			D D	
φ.σ11 γ γ	OL D Stk												2,	J) 1			D	
			Table II - I	Deri	vative S	Secu	rities A	Acqui	Pers cont the f	ons wained orm d	tho responding this for isplays a of, or Ben	rm a curr reficia	re no ently ally (	ot requii y valid C		rmation oond unless ol number.		474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date,	, if	4. Transac Code	tion	5. Nu	mber ative ities ired r osed )	6. Date Expira (Mont	e Exerc		7 F U	7. Title and Amount of Underlying		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficial Ownershi (Instr. 4)
					Code	V	(A)	(D)	Date Exerci	sable	Expiration Date	n J	Γitle	Amount or Number of Shares				
Option	\$ 8.95									/2011	02/28/20	)21	\$.01 PV Com Stk	2,500		2,500	D	
Option	\$ 8.95								08/28	/2011	02/28/20	021	\$.01 PV CL B Stk	3,523		3,523	D	
Option	\$ 15.75								08/28	/2012	02/28/20	)22	\$.01 PV Com Stk	3,000		3,000	D	
Option	\$ 15.75								08/28	/2012	02/28/20	)22	\$.01 PV CL B Stk	3,570		3,570	D	
Option	\$ 14.55								08/22	/2013	02/22/20	)23	\$.01 PV Com Stk	3,000		3,000	D	
Option	\$ 14.55								08/22	/2013	02/22/20		\$.01 PV CL B	2,713		2,713	D	

\$.01

Option	\$ 41.18					09/03/2014		Com	-		2,000	D	
Option	\$ 41.18					09/03/2014		Stk \$.01 PV CL B Stk	1,174		1,174	D	
Option	\$ 52.76					09/10/2015	03/10/2025	\$.01 PV Com Stk	3,000		3,000	D	
Option	\$ 52.76					09/10/2015		\$.01 PV CL B Stk	968		968	D	
Option	\$ 26.37					08/26/2016	02/26/2026	\$.01 PV Com Stk	4,000		4,000	D	
Option	\$ 26.37					08/26/2016		\$.01 PV CL B Stk	600		600	D	
Option	\$ 32.77					09/07/2017	03/07/2027	\$.01 PV Com Stk	4,000		4,000	D	
Option	\$ 39.15	03/02/2018	A	4,0	000	03/02/2019	03/02/2028	\$.01 PV Com Stk	4,000	\$ 39.15	4,000	D	

## **Reporting Owners**

Barrantina Common Nama / Addusa	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BOUSHIE RAYMOND W								
124 LAUREL LANE	X							
PONTE VEDRA BEACH, FL 32082								

### Signatures

/s/Julie Davis as Power of Attorney for Raymond W. Boushie	03/06/2017	
**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).

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.