Lohmeier M	lichelle									
Form 4/A	2010									
February 13									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									FFNOVAL	
~			shington,					OMB Number:	3235-0287	
Check this box if no longer CTLATER (DATE OF CHANCES DUPENTED CLAT ON ADD							Expires:	January 31, 2005		
subject t Section Form 4 o Form 5	GES IN BENEFICIAL OWNE SECURITIES					Estimated a burden hou response	l average ours per			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)									
1. Name and Address of Reporting Person _2. IssuerLohmeier MichelleSymbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	AeroSystems Holdings, Inc.				(Check all applicable)					
(Month/D			of Earliest Transaction Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
3801 S OLI	018				SVP & G	SVP & GM, Airbus Programs				
WICHITA,	nendment, Date Original Ionth/Day/Year) /2018				 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)	(State) (Zip) Tab	le I - Non-I	Derivative	Secui	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2. (Month/Day/Year) E ar (N	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Class A			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/07/2018		А	6,046	А	\$0	42,539 <u>(1)</u>	D		
Class A Common Stock	02/07/2018		F	2,776	D	\$ 89.79	39,763 <u>(2)</u>	D		
Class A Common Stock	02/07/2018		F	1,264	D	\$ 89.79	38,499 <u>(2)</u>	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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	1		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	11110	of		
				Code V	(A) (D)				Shares		
					() (-)						

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Lohmeier Michelle 3801 S OLIVER ST WICHITA, KS 67210			SVP & GM, Airbus Programs				
Signatures							
/s/ Kelly A. Gaide, Attorney-in-Fact		02/13/2018					

<u>**</u>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).
- Row 1 of the Form 4 filed with the Securities and Exchange Commission on February 9, 2018 (the "Original Form") reported an incorrect(1) amount of shares awarded due to an inadvertent administrative miscalculation. This Form 4/A is being filed to correct the error in the Original Form.
- (2) The amount of shares beneficially owned following this transaction has been updated to reflect the correction made to row 1.

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.