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Anderson Pr	ninp D										
Form 4 February 26,	2013										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o	ger STATEN 6.	box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the	Public Ut		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type I	Responses)										
Anderson Philip D Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Sp [S				eroSyster	ns Holdı	ngs,	Inc.	(Check all applicable)			
(Month/D				-				Director 10% Owner Officer (give title Other (specify below) below)			
	C AEROSYSTEN 5, INC., 3801 SC		02/22/20)13				S	VP & CFO		
				endment, Date Original nth/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 			
WICHITA,	KS 67210							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month		ned	3.	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock	02/22/2013			А	3,316 (1)	А	\$ 0	84,183	D		
Class A Common Stock	02/22/2013			F	1,183 (2)	D	\$ 16.43 (3)	83,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)		Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title a Amount Underlyi Securitie (Instr. 3 a	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Anderson Philip D C/O SPIRIT AEROSYSTEMS HOLDINGS, INC. 3801 SOUTH OLIVER WICHITA, KS 67210			SVP & CFO			
Signatures						
/s/ Joseph T. Boyle, as attorney-in-fact for Philip D. Anderson	02/26/2013					

**Signature of Reporting Person

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) This Class A Common Stock will vest on February 22, 2014, if the Reporting Person continues to be employed by the Issuer or any of its subsidiaries at that time.

Date

- (2) Constitutes shares withheld by the Issuer to satisfy the Reporting Person's withholding tax obligations in connection with the vesting of shares granted to the Reporting Person under the Issuer's Short-Term Incentive Plan.
- (3) The price reported reflects an average of the high and low trading prices on February 22, 2013, the last trading day before the vesting date.

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.