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A OTDONICO CODI

Form 4											
December 21, 2						OMB A	PPROVAL				
FORM 4	UNITED ST	TATES SECUR	ITIES AND EXCI	HANGE C	COMMISSION						
Check this be	ox	Wasl	hington, D.C. 2054	19		Number:	3235-0287 January 31				
if no longer subject to Section 16. Form 4 or Form 5	STATEME	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
obligations may continue <i>See</i> Instruction 1(b).	e. Section $17(a)$										
(Print or Type Resp	oonses)										
1. Name and Addr GUNDERMAN	ess of Reporting Per NN PETER J	Symbol	Name and Ticker or Tr	-	5. Relationship of Issuer	Reporting Per	son(s) to				
(Last)	(First) (Mid						heck all applicable)				
(Last) 130 COMMER	(First) (Mid	(Month/Da 12/19/20	-		_X_ Director _X_ Officer (give below) PRE		b Owner er (specify				
EAST AUROR	(Street) RA, NY 14052	4. If Amen Filed(Mont	dment, Date Original h/Day/Year)		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M Person	-	erson				
(City)	(State) (Zi	^{p)} Table	I - Non-Derivative Se	curities Aca		f. or Beneficial	llv Owned				
	2. Transaction Date (Month/Day/Year)	2A. Deemed	3.4. SecuritTransactionAcquiredCodeDisposed	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect				
\$.01 PV COMMON STOCK					109,911	D					
\$.01 PV CLASS B STOCK					50,450	D					
\$.01 PV COMMON STOCK					6,114	Ι	BY SPOUSE				
\$.01 PV CLASS B					3,064	Ι	BY SPOUSE				

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STOCK

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 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. Transactio Code (Instr. 8)	Securit	vative ies ed ed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Underlying		8. Pr Deriv Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
OPTION	\$ 6.146						01/18/2001	01/18/2010	\$.01 PV COM STK	11,183	
OPTION	\$ 6.146						01/18/2001	01/18/2010	\$.01 PV CL B STK	4,193	
OPTION	\$ 12.266						04/26/2002	04/26/2011	\$.01 PV COM STK	10,313	
OPTION	\$ 12.266						04/26/2002	04/26/2011	\$.01 PV CL B STK	2,578	
OPTION	\$ 10.221						01/25/2003	01/25/2012	\$.01 PV COM STK	11,555	
OPTION	\$ 5.328						01/24/2004	01/24/2013	\$.01 PV COM STK	33,547	

(1)

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OPTION	\$ 5.49				02/19/2005	02/19/2014	\$.01 PV COM STK	40,800
OPTION	\$ 5.09				12/14/2005	12/14/2014	\$.01 PV COM STK	44,000
OPTION	\$ 6.5				02/18/2006	02/18/2015	\$.01 PV COM STK	20,000
OPTION	\$ 9.83				12/13/2006	12/13/2015	\$.01 PV COM STK	25,000
OPTION	\$ 17.36				12/12/2007	12/12/2016	\$.01 PV COM STK	14,460
OPTION (2)	\$ 39.81	12/19/2007	A	6,680	12/19/2008	12/19/2017	\$.01 PV COM STK	6,680

Reporting Owners

Reporting Owner Name / Address		Re	elationships	
	Director	10% Owner	Officer	Other
GUNDERMANN PETER J 130 COMMERCE WAY EAST AURORA, NY 14052	Х		PRESIDENT/CEO	
Signatures				

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/S/DAVID C. BURNEY, AS POWER OF ATTORNEY FOR PETER J.	12/21/2007
GUNDERMANN	12/21/2007

**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).
- MR. GUNDERMANN DISCLAIMS ANY BENEFICIAL INTEREST IN THE SHARES OWNED BY HIS WIFE. (1)
- (2) Granted pursuant to the Company's 2001 Key Employee Stock Option Plan.

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.

Date

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