## Edgar Filing: Adams David Charles - Form 4

Adams David	d Charles										
Form 4											
January 18, 2	2019										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED	SIAIES		hington, l			GE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5		SECURI	TIES			NERSHIP OF e Act of 1934,	Expires: Estimated a burden hou response				
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the P	ublic Ut		ing Com	pany	Act of	1935 or Section	1		
(Print or Type F	Responses)										
Adams David Charles S			Symbol	Name and '		-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	SS-WRIGHT TION, 10 WATE		3. Date of (Month/D 01/18/2(	-	nsaction			Director X Officer (give below)	10%	Owner er (specify	
	(Street) 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				
PARSIPPA	NY, NJ 07054							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8) Code V	Dispose (Instr. 3 Amoun	ed (A) of ed of (E , 4 and (A) or	0) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/18/2019			S <u>(1)(2)</u>	7,000 (3)	D	\$ 111	75,164	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 Tide of	2	2 Transsetion Date	24 Decid	4	-		( Data From		7	1J	0 D.:	0 N.
1. Title of	2.	3. Transaction Date		4.	5.		6. Date Exer			tle and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		tionNumb	ber	Expiration D			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Deriv	ative	e		Secu	rities	(Instr. 5)	Bene
	Derivative				Secur	ities			(Instr	: 3 and 4)		Owne
	Security				Acqui	ired				í.		Follo
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					4, and	15)						
										Amount		
										or		
							Date	Expiration	Title			
							Exercisable	Date	The	of		
				Code	$V(\Lambda)$							
				Code	V (A)	(D)				Shares		
Reno	rtina O	wners										

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## neporting Owners

Reporting Owner Name / Address	Relationships						
r g a a a a a a a a	Director	10% Owner	Officer	Other			
Adams David Charles C/O CURTISS-WRIGHT CORPORATION 10 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054			Chairman & CEO				
Signatures							
Paul J. Ferdenzi by Power of Attorney for Dav Adams	vid	01/18/20	19				
**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).
- Shares were sold in accordance with a 10b5-1 plan prepared and filed with Reporting Person's financial advisor. Plan sells a set amount of (1) shares at certain established threshold prices over the course of the year.
- (2) Reporting Person is selling shares in accordance with his financial planner's advice to further diversify his holdings.
- (3) Reporting person remains in compliance with the Company's ownership guidelines.

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.