

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

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

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## 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

1. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Heise Rita J.								WRIG						\ 11			00/ 0	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X _ Director10% Owner Officer (give title below) Other (specify below)					
C/O CURTISS-WRIGHT						2/12/2018												
CORPORAT BOULEVAR		WATE	RVI	EW														
	(Stre	et)			4.	If An	nendme	nt, Date	Orig	ginal Fil	ed (MM/	DD/YY	YY)	6. Individual c	or Joint/G	roup Filing	Check Appl	icable Line)
PARSIPPANY, NJ 07054 (City) (State) (Zip)												=	X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Tabl	e I - No	n-De	erivat	ive Sec	ırities A	cqu	ired, Di	sposed	of, or	Bene	ficially Owne	ed			
1.Title of Security (Instr. 3)					Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired Disposed of (D) (Instr. 3, 4 and 5)			A) or 5. Amount of Secur Following Reported (Instr. 3 and 4)		rities Beneficially Owned I Transaction(s)			Beneficial Ownership	
								Code	V	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 2/12/2018				18			A (1)		857 (2)	A	\$122.53	<u>(3)</u>		3922		D (4)		
	Tabl	e II - Der	ivativ	e Secui	ities	Bene	ficially	Owned	( e.g	, puts	, calls, v	varrai	nts, o	ptions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	or Exercise Price of Derivative	3. Trans. Date	3A. D Execu Date,	ion (Instr.		8) Deriva Acqui Dispos		mber of ative Securities red (A) or sed of (D) 3, 4 and 5)		6. Date Exercisable and Expiration Date				nderlying Derivative security Security		9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	v	(A)	(D)		ate cercisable	Expiration Date	n Title	Amou	ant or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

## **Explanation of Responses:**

- (1) Shares were issued pursuant to the Company's 2014 Omnibus Incentive Plan in which non-employee directors receive an annual grant of restricted stock for service on the board. The restrictions on these shares lapse upon the shorter of (a) three years from the date of grant or (b) until such time as the service of the recipient as a Non-employee Director of the Company shall have ended by reason of his or her (i) death or disability or (ii) failure to be reelected.
- (2) The number of shares is arrived by dividing the closing price of the Issuer's securities on February 7, 2018 into \$105,000, the amount of the stock award granted to the Issuer's non-employee directors.
- (3) Price is based on the closing price on of the Issuers securities as reported on the New York Stock Exchange for February 7, 2018, the date the award was approved by the Issuer's Board of Directors.
- (4) Held in the Rita J. Heise Revocable Trust; Ms. Heise and her husband are trustees of the Trust

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Heise Rita J. C/O CURTISS-WRIGHT CORPORATION 10 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054	X						

## **Signatures**

Paul J. Ferdenzi through Power of Attorney for Rita Heise

2/12/2018

\*\*Signature of Reporting Person

Date

- \* 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.

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.