

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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)					
FLATT DE	AN M				C	URT	TISS Y	WRIG	HT	COR	P [CV	V]						
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director 10% Owner Officer (give title below) Other (specify below)					
C/O CURTISS-WRIGHT						1/12/2022												
CORPORAT PLACE DRI	ΓΙΟΝ, 13		BOU	R														
	(Stre	eet)			4.	If An	nendme	ent, Date	Orig	ginal Fil	ed (MM/	DD/YY	YY) 6.	Individual	or Joint/G	roup Filing	(Check App	icable Line)
DAVIDSON, NC 28036 (City) (State) (Zip)												_3	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Tabl	e I - No	on-De	rivati	ive Sec	urities A	Acqu	ired, Di	isposed	of, or	Benef	icially Own	ed			
1.Title of Security (Instr. 3)				e 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (Disposed of (D) (Instr. 3, 4 and 5)			Foll	5. Amount of Securities Beneficially Own Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Inc Form: Bene	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amount	(A) or (D)	Price	e					(Instr. 4)
Common Stock 1/12/2022				022			A (1)		275 ⁽²⁾	A	\$137.06	6 (3)	9494			D		
	Tab	ole II - De	rivati	ve Secu	ırities	Bene	eficially	y Owned	d (<i>e</i> .g	g., puts,	calls, w	varran	nts, opt	ions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative				4. Trans Instr. 8	Acq Disp		mber of rative Securities ired (A) or osed of (D) . 3, 4 and 5)		6. Date Exercisable and Expiration Date				nderlying Derivative security Security		derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Cod		V	(A)	(D)		ate xercisable	Expiratio Date	Title	Amoun Shares	t or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	ect

Explanation of Responses:

- (1) Shares were acquired through the Corporation's 2014 Stock Plan for Non-employee Directors whereby non-employee directors may elect to defer their compensation and/or receive their annual retainer and meeting fees in the form of stock at a later date.
- (2) Number of shares calculated based on the value of the award at the time earned divided by the closing price for Issuer's common stock as reported by the New York Stock Exchange on the date the retainer and meeting fees were earned.
- (3) Price is based on the closing market price for the securities on the New York Stock Exchange as of January 10, 2021. The date reporting person elected to receive his shares.

Reporting Owners

reporting Owners							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FLATT DEAN M C/O CURTISS-WRIGHT CORPORATION							
130 HARBOUR PLACE DRIVE	X						
DAVIDSON, NC 28036							

Signatures

Paul J. Ferdenzi for Dean Flatt by Power of Attorney

**Signature of Reporting Person

Date

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

- * 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.