FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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 *					Issue	r Name	e and Ticl	cer o	r Tradii	ng Sym	bol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Wyche Larry D					URT	TISS '	WRIGH	HT (CORI	CV	V]		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
l c				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X Director10% Owner Officer (give title below) Other (specify below)				
C/O CURTISS-WRIGHT					4/3/2024							(g)			(-F)	,	
CORPORAT PLACE DRI		0 HARE	BOUR														
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
DAVIDSON, NC 28036 (City) (State) (Zip)													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I	- Non-De	rivati	ive Sec	urities A	cqui	red, Di	sposed	of, or Bo	eneficially Owne	ed		_		
1. Title of Security (Instr. 3) 2. Trans. Da			Trans. Date	2A. Do Execu Date, i	tion	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) of Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership			
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock			4	4/3/2024			$\mathbf{A}^{(\underline{1})}$		46 (2)	A	\$256.94 ⁽³).		1,067	D		
	Tab	le II - Der	rivative S	Securities	Bene	eficiall	y Owned	(e.g.	, puts,	calls, w	arrants	options, conve	tible secu	urities)			
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deem Execution Date, if an	(Instr. 8		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		s and	Date Exer d Expirati	on Date	Securiti Derivati (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Da Ex	ite ercisable	Expiration Date	Title S	mount or Number of hares		Transaction(s) (Instr. 4)	(I) (Instr. 4)		

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 receive their annual retainer and meeting fees in the form of stock.
- (2) Number of shares is calculated by taking the amount of the Reporting Person's earned retainer and dividing that amount by the closing price of the Registrant's common stock on the date such retainer was earned.
- (3) Price is based on the close price for the Registrant's common stock on April 1, 2024, the date the reporting person earned his/her quarterly retainer.

Reporting Owners

_ 1							
Reporting Owner Name / Address	Relationships						
Reporting Owner Ivanie / Address	Director	10% Owner	Officer	Other			
Wyche Larry D							
C/O CURTISS-WRIGHT CORPORATION	X						
130 HARBOUR PLACE DRIVE	Λ						
DAVIDSON, NC 28036							

Signatures

**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.