AAON INC Form 4 November 06, 2014

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

Number: 3235-0287

Synings: January 31,

Expires: 2005
Estimated average

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

may continue. *See* Instruction 1(b).

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * Asbjornson Scott M		Symbol	er Name <b>and</b> Ticker or T	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First) (M		3. Date of Earliest Transaction (Month/Day/Year)			(Check all applicable)  Director 10% Owner		
708 W. 79T	TH STREET S.	11/04/2	•		X_ Officer (gives		ner (specify	
	(Street)	endment, Date Original onth/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
TULSA, O	K 74132				Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip) Tab	ole I - Non-Derivative S	Securities Acq	uired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securiti Transaction(A) or Dis Code (Instr. 3, 4 (Instr. 8)  Code V Amount		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 Beneficial Ownership (Instr. 4)	
Common Stock, par value \$.004	11/04/2014		G 695	A \$ 20.13	855,852	D		
Common Stock, par value \$.004					540,000	I	Custodian for the benefit of his children	

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 (9-02)

#### Edgar Filing: AAON INC - Form 4

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 5.03					03/10/2009	03/10/2018	Common Stock	2,025	
Stock Option (Right to Buy)	\$ 4.54					03/09/2010	03/09/2019	Common Stock	6,750	
Stock Option (Right to Buy)	\$ 6.89					05/25/2011	05/25/2020	Common Stock	20,250	
Stock Option (Right to Buy)	\$ 8.65					05/15/2013	05/15/2022	Common Stock	22,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Toporous o mar round / radicoss	Director	10% Owner	Officer	Other			
Asbjornson Scott M 708 W. 79TH STREET S. TULSA, OK 74132			Vice President, Finance & CFO				

Reporting Owners 2

Edgar Filing: AAON INC - Form 4

## **Signatures**

Scott M. Asbjornson

11/06/2014

\*\*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).

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.

Signatures 3