AAON INC Form 4 January 05, 2015

FORM 4

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

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 obligations may continue.

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 See Instruction 1(b).

(Print or Type Responses)

(Last)

(City)

1. Name and Address of Reporting Person * SHEFFIELD KATHY I

(Street)

(State)

2. Issuer Name and Ticker or Trading

Symbol

AAON INC [AAON]

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

10402 NORTH 144 EAST AVENUE 01/02/2015

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Person

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Director 10% Owner X_ Officer (give title Other (specify

below) Sr. Vice President Admin/Treas

(Check all applicable)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

OWASSO, OK 74055

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

Form: Direct (D) or Indirect (I) (Instr. 4)

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

(A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Common Stock, par

value \$.004

01/02/2015

4,805 Α (1)

\$0 $23,667 \frac{(2)}{2}$ 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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 21.93	01/02/2015		A	4,805	01/02/2016	01/02/2025	Common Stock	4,805
Stock Option (Right to Buy)	\$ 5.03 (2)					03/10/2009	03/10/2018	Common Stock	10,125 (2)
Stock Option (Right to Buy)	\$ 4.54 (2)					03/09/2010	03/09/2019	Common Stock	16,875 (2)
Stock Option (Right to Buy)	\$ 6.89 (2)					05/25/2011	05/25/2020	Common Stock	33,750 (2)
Stock Option (Right to Buy)	\$ 8.65 (2)					05/15/2013	05/15/2022	Common Stock	22,500 (2)

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Other		

SHEFFIELD KATHY I 10402 NORTH 144 EAST AVENUE OWASSO, OK 74055

Sr. Vice President Admin/Treas

Signatures

Kathy I. 01/05/2015 Sheffield

**Signature of Date Reporting Person

Reporting Owners 2

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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).
- (1) Restricted Stock Grant, vesting ratably over five years
- (2) Adjusted to reflect a 3 for 2 stock split on July 16, 2014 effected pursuant to a 50% stock dividend.

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.