AAON INC Form 4 May 21, 2015

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 5 obligations

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, burden hours per response... 0.5

may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SHEFFIELD KATHY I			2. Issuer Name and Ticker or Trading Symbol AAON INC [AAON]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
			(Month/Day/Year)	Director 10% Owner		
10402 NORTH	144 EAST	AVENUE	05/20/2015	X Officer (give title Other (specify below)		
				Sr. Vice President Admin/Treas		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line)		
OWASSO, OK	74055			_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

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(State)

(Zin)

(City)

(City)	(State)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	i, or Beneficiall	y Owned
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Transactio Code	on(A) or D: (Instr. 3,		` ′	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
					(A)		Reported	(1115111 1)	(1113111 1)
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common			Couc ,		` ′				
Stock, par value \$.004	05/20/2015		F	580	D	24.29	23,087	D	
value \$.004									

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pri Deriv Secui (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	10,125	
Stock Option (Right to Buy)	\$ 4.54					03/09/2010	03/09/2019	Common Stock	16,875	
Stock Option (Right to Buy)	\$ 6.89					05/25/2011	05/25/2020	Common Stock	33,750	
Stock Option (Right to Buy)	\$ 8.65					05/15/2013	05/15/2022	Common Stock	22,500	
Stock Option (Right to Buy)	\$ 21.93					01/02/2016	01/02/2025	Common Stock	4,805	

Reporting Owners

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

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

Sr. Vice President Admin/Treas

Signatures

Kathy I. 05/21/2015 Sheffield

Date

Reporting Owners 2

**Signature of Reporting Person

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.

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