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

AAON INC Form 4 March 15, 2 <b>FORN</b> Check th if no lon subject to Section Form 4 Form 5 obligation may con <i>See</i> Instru 1(b).	017 <b>A 4</b> UNITED S nis box ger o STATEM 16. or Filed pur Section 17(a)	<b>IENT OF</b> suant to S a) of the F	Wa F CHAN Section 1 Public U	shington NGES IN SECUF 6(a) of th	, D.C. 20 BENEF RITIES le Securi ding Col	D549 FICIA tites H	LOW Exchang	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated burden ho response.	urs per	
		D *									
			2. Issuer Name <b>and</b> Ticker or Trading Symbol AAON INC [AAON]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N			INC [AA f Earliest Ti				(Cheo	ck all applicab	le)	
708 W. 791	TH STREET S.		(Month/I 03/10/2	-				Director X Officer (giv below) Vice Presi		% Owner her (specify & CFO	
Filed(Mor				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
TULSA, O		(Zin)						Person			
(City)		(Zip)						uired, Disposed o			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock, par value \$.004	03/14/2017			Ι	7,801	D	\$ 35.35	0	Ι	401(k) Plan	
Common Stock, par value \$.004	03/10/2017			S	5,611	D	\$ 35.45	862,800 <u>(1)</u>	D		
Common Stock, par value \$.004								540,000	Ι	Custodian for the benefit of his children	

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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.

# 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)		te	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 8.65					05/15/2013	05/15/2022	Common Stock	4,500	
Stock Option (Right to Buy)	\$ 21.93					01/02/2016	01/02/2025	Common Stock	4,805	
Stock Option (Right to Buy)	\$ 22.15					01/04/2017	01/04/2026	Common Stock	6,680	
Stock Option (Right to Buy)	\$ 34.1					01/04/2018	01/04/2027	Common Stock	32,550	

### **Reporting Owners**

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

## Signatures

Scott M. Asbjornson

03/15/2017

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).
- (1) A discrepancy was found where Mr. Asbjornson's shares were previously overstated by 267 shares. The total has been adjusted to correct his current holdings.

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.