Asbjornson Scott M Form 4 January 03, 2018

#### 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

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

2. Issuer Name and Ticker or Trading

See Instruction 30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Print or Type Responses)

Asbjornson Scott M

1. Name and Address of Reporting Person \*

J			AAON INC [AAON]					(Check all applicable)				
(Last) (First) (Middle) 708 W. 79TH STREET S.		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018					DirectorX Officer (givelelow) Vice Pres	% Owner ner (specify				
(Street) TULSA, OK 74132			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acc	uired, Disposed	of, or Beneficia	ılly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea		a Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)				
Common Stock, par value \$.004	01/02/2018			F	350	D	\$ 36.95	859,979	D			
Common Stock, par value \$.004	01/02/2018			A	3,200 (1)	A	\$ 0	863,179	D			
Common Stock, par value \$.004								180	I	401(k) Plan		

#### Edgar Filing: Asbjornson Scott M - Form 4

1	540,000 I	ſ	for the
value \$.004	140,000	L	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 required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

> 8. Pri Deriv Secur (Instr

# 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and A Underlying S (Instr. 3 and	Securities	8 1 9
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 21.93					01/02/2016	01/02/2025	Common Stock	2,883	
Stock Option (Right to Buy)	\$ 22.15					01/04/2017	01/04/2026	Common Stock	5,344	
Stock Option (Right to Buy)	\$ 34.1					01/04/2018	01/04/2027	Common Stock	32,550	
Stock Option (Right to Buy)	\$ 36.95					01/02/2019	01/02/2028	Common Stock	39,900 (1)	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Reporting Owners 2

#### Edgar Filing: Asbjornson Scott M - Form 4

Director 10% Owner Officer Other

Asbjornson Scott M 708 W. 79TH STREET S. TULSA, OK 74132

Vice President, Finance & CFO

### **Signatures**

Scott M.

Asbjornson 01/03/2018

\*\*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) Equity award granted under the Issuer's 2016 Long-Term Incentive Plan, vesting ratably on each of the first five anniversaries of the date of the grant.

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