## Edgar Filing: TransDigm Group INC - Form 4

TransDigm C	Froup INC										
Form 4											
September 17											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION	OMB APPROVAL		
	Washington, D.C. 20549						UM1011551UN	OMB Number:	3235-0287		
Check this	s box		vv as	inington,	D.C. 20	547				January 31	
if no longer subject to Section 16. STATEMENT OF CHAN				GES IN I	BENEFI	[CIA	LOW	NERSHIP OF	Expires:	2005	
				SECURITIES					Estimated average burden hours per		
	Form 4 or								response	0.5	
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	•		
obligation may conti				•	•	· ·		1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type R	esponses)										
			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			Symbol TransDi	am Grou	n INC IT	ואם					
( <b>*</b> ))		<b></b>		igm Group INC [TDG]				(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	ansaction			X Director	100/-	Owner	
(Month/D 8812 LAKE CHALLIS LANE 09/16/2			09/16/20	-				Officer (give title Other (specify			
			0,710,2					below)	below)		
				ndment, Da	-	l		6. Individual or Joint/Group Filing(Check			
			Filed(Mon	onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CHARLOTT	ГЕ, NC 28226							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
9				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	09/16/2013			А	104	А	143.7 (1)	504	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	d 8. Price of	9. Nu
Derivative	Conversion	n (Month/Day/Year) Execution Date, if		Transac	tionNumber	Expiration <b>D</b>	Expiration Date		f Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	g Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative		•		Securities	5		(Instr. 3 an	nd 4)	Owne
	Security				Acquired					Follo
	2				(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								A		
									ount	
						Date	Expiration	Or Titl N	1	
						Exercisable	Date	Title Nur	nber	
				<b>C</b> 1				of		
				Code	V (A) (D)			Sha	res	
Deme										

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## **Reporting Owners**

RelationsHimReporting Owner Name / AddDirectorIO% OwnerOfficerOtherDRIES WILLIAM<br/>8812 LAKE CHALLIS LANE<br/>CHARLOTTE, NC 28226XXYYYSignatures<br/>Halle Fine Terrion as attorney in fact for William<br/>briesWYYY

\*\*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) Receipt of stock in lieu of payment of semi-annual director fee, based on fair market value in accordance with the 2006 Stock Incentive Plan.

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.