Edgar Filing: AAON INC - Form 4

 $\Delta \Delta ON INC$

| Form 4 May 16, 2012 | 2 | | | | | | | | | | |
|--|---|---|---|--------------|---|--|--|--|--------------|--|--|
| | | | | | | | | - | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this if no longe subject to Section 16 Form 4 or | er STATEM | ENT OF CHA | OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | Expires:January 3 200Estimated averageburden hours per response0 | | | |
| Form 5 obligation may contin <i>See</i> Instruct 1(b). | s Section 17(a) | uant to Section) of the Public U 30(h) of the I | Jtility Hold | ling Com | pany | Act o | f 1935 or Section | n | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| CAPPY JOSEPH E Symb | | | 2. Issuer Name and Ticker or Trading Symbol AAON INC [AAON] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | | | | (Check all applicable) | | | | |
| (M | | | 3. Date of Earliest Transaction(Month/Day/Year)05/15/2012 | | | | X_ Director10% Owner Officer (give titleOther (specify below) below) | | | | |
| | endment, Da onth/Day/Year | endment, Date Original nth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| TULSA, OK | 74136 | | | | | | Form filed by M Person | Iore than One Ro | eporting | | |
| (City) | (State) (Z | Zip) Tal | ole I - Non-D | Oerivative S | Securi | ties Ac | quired, Disposed of | , or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | tate, if TransactionAcquired (A) or Code Disposed of (D) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock, par value \$.004 | 05/15/2012 | 05/15/2012 | А | 2,250 (1) | A | \$0 | 24,825 | 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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CAPPY JOSEPH E 6699 S. TIMBERLANE ROAD TULSA, OK 74136 |) X | | | | | | | |
| Signatures | | | | | | | | |
| Joseph E. Cappy 05 | /12/2012 | | | | | | | |
| <u>**</u> 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) Restricted Stock 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.