AAON INC Form 4 May 23, 2016

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

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

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	5. Relationship of Reporting Person(s) to Issuer		
			AAON INC [AAON]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
10402 NORTH	144 EAST	AVENUE	05/20/2016	X Officer (give title Other (specifielow) Sr. Vice President Admin/Treas		
	(a .)					
	(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		

OWASSO,	OK 74055				Form filed by l	1 0	
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of	2. Transaction Dat		3.	4. Securities Acquired	5. Amount of	6. Ownership	

1.11116 01	2. Hallsaction Date	ZA. Decilieu	5.	4. Securi	ues A	cquireu	J. Amount of	o. Ownership	7. INature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			d of (D)	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code (Instr. 3, 4 and 5)			5)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	8)		Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common						Φ.			
Stock, par value \$.004	05/20/2016		F	583	D	\$ 27.37	27,159	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	5,000	
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	
Stock Option (Right to Buy)	\$ 22.15					01/04/2017	01/04/2026	Common Stock	6,680	

Reporting Owners

Reporting Owner Name / Address	Relationships					
F-	Director	10% Owner	Officer	Other		
SHEFFIELD KATHY I 10402 NORTH 144 EAST AVENUE OWASSO, OK 74055			Sr. Vice President Admin/Treas			

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Signatures

Kathy I. 05/23/2016 Sheffield

**Signature of
Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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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