### Edgar Filing: CPI AEROSTRUCTURES INC - Form 4

CPI AEROS Form 4 March 12, 2	STRUCTURES II	NC										
	_									OMB /	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check the check								Expires:	January 31,			
subject t Section Form 4	to <b>SIAIE</b> N 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSE SECURITIES									2005 average ours per 0.5	
Form 5 obligatio may cor <i>See</i> Instr 1(b).	ons Section 17(	(a) of the l	Public U	tility I	Hol		npan	y Act of	e Act of 1934, E 1935 or Sectio 40	n		
(Print or Type	Responses)											
ROSENFELD ERIC Symbol									5. Relationship of Reporting Person(s) to Issuer			
	[CVU]	ROST	R	JCTURE	S IN	С	(Check all applicable)					
				of Earliest Transaction Day/Year)					XDirector10% Owner Officer (give titleOther (specify			
	CENDO PARTN HIRD AVENUE		03/11/2	-					below)	below)		
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	RK, NY 10017								Form filed by M Person	Iore than One l	Reporting	
(City)	(State)	(Zip)	Tab	le I - No	on-l	Derivative	Secur	ities Acq	uired, Disposed of	f, or Benefici	ally 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 Transactior(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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/11/2015			М		10,000	А	\$8	172,785	D		
Common Stock	03/11/2015			F		6,700	D	\$ 11.94	166,085	D		
Common Stock									510,270 <u>(1)</u>	I	By Crescendo Partners II, L.P. Series	

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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. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 8	03/11/2015		М		10,000	04/01/2010	03/31/2015	Common Stock	10,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
1	Director	10% Owner	Officer	Other				
ROSENFELD ERIC C/O CRESCENDO PARTNERS 777 THIRD AVENUE, 37TH FL NEW YORK, NY 10017	<i>.</i>	X						
Signatures								
/s/ Eric 03/1 Rosenfeld	2/2015							

# **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).

Mr. Rosenfeld is the senior managing member of Crescendo Investments II, LLC ("Crescendo Investments II"). Crescendo Investments II (1) is the general partner of Crescendo Partners II, L.P. Series L ("Crescendo Partners II"). Mr. Rosenfeld and Crescendo Investments II

disclaim beneficial ownership of the shares held by Crescendo Partners II, except to the extent of his or its pecuniary interest therein.

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.

\*\*Signature of

Reporting Person