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TransDigm G Form 4 May 29, 2007 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	4 UNITED S box er STATEM 5. Filed purs snue. ction	ENT OF (uant to Se) of the Pu	Wasl CHANG ction 16 ıblic Uti	hington, GES IN SECUR	, D.C. BENE RITIES ne Secu ding C	20549 EFICLA S urities H compan	AL O Excha	WNER ange Ac t of 193	SHIP OF t of 1934,	OMB API OMB Number: Expires: Estimated av burden hours response	3235-0287 January 31, 2005 rerage	
(Print or Type R	esponses)											
1. Name and Ac LEE KEWSO	Symbol Issuer Issuer Issuer						er	Reporting Person(s) to				
(Last)	(First) (M	(Chec				(Cneck	k all applicable)					
C/O WARBI LEXINGTO	(Month/Day/Year)X_Direc 05/25/2007Office below)					Officer (give ti	ve title Other (specify below)					
				th/Day/Year) Applicable Line) _X_ Form filed by					icable Line) Form filed by On	oint/Group Filing(Check One Reporting Person Aore than One Reporting		
NEW YORK, NY 10017							Perso		ie man one rep	oning		
(City)	(State) (Zip)	Table	I - Non-I				-	, Disposed of,	or Beneficially		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4	or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common				Code V	An An	nount	(D)	Price	(, ,	G	
Stock, par value 0.01 per share (1)	05/25/2007			J	26,62	28	D	\$ 0 <u>(1)</u>	31,066,429	I	See footnote (1)	
Common Stock, par value \$0.01 per share (1)	05/25/2007			S	9,714	4,937	D	\$ 35.25 (1)	21,351,492	Ι	See footnote (1)	
Common Stock (restricted), par value									655	D		

\$0.01 per share (2)						
Common Stock, par value \$0.01 per share (3)	1,092	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. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		-		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						X
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Officer Other

Reporting Owners

Reporting Owner Name / Address		Relationships				
I B	Director	10% Owner	Of			
LEE KEWSONG						
C/O WARBURG PINCUS 466 LEXINGTON AVENUE	Х					

NEW YORK, NY 10017

Signatures

/S/ KEWSONG LEE

05/29/2007

<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) See Exhibit 99.1.

Receipt of stock in respect of annual grant of restricted stock to directors with the number of shares determined based on the fair market(2) value of the stock on the date of grant. Subject to forfeiture; forfeiture provisions lapse as to one-third of the stock on each of the first, second and third anniversaries of the date of grant.

(3) 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.