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Cason Thoma	as Wright										
Form 4											
January 31, 2	2013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
		DSIAIE			, D.C. 20		NGE (_01v11v1155101v	OMB Number:	3235-0287	
Check thi	s box		vv as	migton	, D.C. 20	547				January 31,	
if no longer STATEMENT OF CHA				NGES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAIN Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or	r								response	•	
Form 5 obligatior	• · · · ·						-	e Act of 1934,			
may conti				•	•	- ·		f 1935 or Sectio	n		
See Instru	iction	30(n) of the In	vestment	Compan	y Act	of 194	+0			
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person * Cason Thomas Wright2. Issuer Name and Ticker of Symbol				d Ticker or	Tradin	g	5. Relationship of Reporting Person(s) to				
				-				Issuer			
A			AEROS	ONIC C	ORP /DE	/ [AII	[]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction			(Check	ek un uppheuok	-)	
				(Month/Day/Year) 01/29/2013				X Director 10% Owner X Officer (give title Other (specify below) below)			
			01/29/20								
								E	xec VP, COO		
			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mon					Applicable Line) _X_ Form filed by One Reporting Person			
CLEARWA	TER, FL 3376	5							More than One Re		
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative	Securi	ties Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date 2A.			3. 4. Securities Acquired				6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ar) Execution	ion Date, if	Transaction(A) or Disposed of Code (D)			Beneficially Owned	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
× ,			/Day/Year)								
							Following Reported	(Instr. 4)			
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						. ,					
Stock par	01/29/2013			А	12,000	А	\$0	20,000	D		
value \$0.40											

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)	4. Transactic Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
1	Director	10% Owner	Officer	Other					
Cason Thomas Wright 1212 N. HERCULES AVENUE CLEARWATER, FL 33765	E X		Exec VP, COO						
Signatures									
/s/ Thomas 01/ Cason 01/	/31/2013								
<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).

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.