Spirit AeroSystems Holdings, Inc. Form 4 March 06, 2015

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o	<b>STATE</b> 6.	CMENT O	F CHAN	GES IN BENEFICIAL OWNERSHI SECURITIES				NERSHIP OF	Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person _2. IssueJOHNSON ROBERT DSymbol			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Spi [SF				eroSyster	ns Holdi	ings,	Inc.	(Check all applicable)			
(Month/D				•				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				ndment, Date Original th/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
SCOTTSDA	ALE, AZ 85255	i						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	<b>)</b> erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly 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 AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Class A				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock	03/05/2015			S	1,500 (1)	D	\$ 49.65 (2)	16,358	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. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr. 3 and	4)	Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amou	unt	
						D (	т · .·	or		
						Date	Expiration	Title Numł	ber	
						Exercisable	Date	of		
				Code V	(A) (D)			Share	s	
Reno	rtina O	wners								

## Edgar Filing: Spirit AeroSystems Holdings, Inc. - Form 4

## neporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other JOHNSON ROBERT D Х 8669 EAST OVERLOOK DRIVE SCOTTSDALE, AZ 85255 Signatures /s/ Joseph T. Boyle, as attorney-in-fact for Robert D. 03/06/2015 Johnson \*\*Signature of Reporting Person

## **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).
- The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 19, (1) 2014.

The price reported reflects a weighted average price. This transaction was executed in multiple trades at pricing ranging from \$49.30 to (2) \$49.76. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full

information regarding the number of shares and prices at which the transaction was effected. 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.

Date