# FORM 5

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[] Form 4 Transactions
Reported

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person *      |  |            |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol       |            |                  |   |                                     |                  |              |        |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)               |   |  |  |  |
|--|--|------------|---|--|------------|------------------|---|-------------------------------------|------------------|--------------|--------|---|---|---|--|--|--|
| MYERS JOI                                      | HN R   |            |   | (  | CURT       | ISS              | WRIGHT  | COR                                 | P [C             | W]           |        |   | ,   |   |  |  |  |
| (Last) (First) (Middle)                        |  |            |   | 3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY) |            |                  |   |                                     |                  |              |        | X _ Director Officer (give  | X _ Director10% Owner0fficer (give title below)Other (specify below)                  |   |  |  |  |
| C/O CURTIS<br>CORPORAT<br>BOULEVAR             | TION, 10   |            | RVIEW                                   |  |            |                  | 1/27/   | 2017                                |                  |              |        |   |   |   |  |  |  |
|  | (Stree   | t)         |   | 4  | . If Am    | nendm            | ent, Date Ori   | iginal Fi                           | led (M           | M/DD         | /YYYY  | () 6. Individual or   | Joint/Gro   | oup Filing  | (Check App                             | icable Line)   |  |
| PARSIPPANY, NJ 07054                           |  |            |   |  |            |                  |   |                                     |                  |              |        | X Form Filed by Form Filed by I                                   | _ X _ Form Filed by One Reporting Person Form Filed by More than One Reporting Person |   |  |  |  |
| (Ci  | ty) (State   | , (1       |   | on-D   | erivati    | ve Sec           | curities Acq  | uired, D                            | isposo           | ed of        | , or B | eneficially Owned   | l   |   |  |  |  |
| 1. Title of Security (Instr. 3)                |  |            | 2. Tran                                 | s. Date  |            |                  | 3. Trans. Code<br>(Instr. 8)  | 4. Secur<br>Dispose<br>(Instr. 3    | d of (D)         | (A) or       |        | 5. Amount of Securiti<br>Following Reported 1<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
| Common Stock                                   |  |            | 3/12/                                   | 3/12/2015  |            | S                |   | 2500                                | D                | _            | 1.4544 |   | 14192   |   |  |  |  |
| Common Stock                                   |  |            |   | 5/17/2016  |            |                  | S   | 2500                                | D                |              | 1.0201 | 11692   |   | D   |  |  |  |
| Common Stock Common Stock                      |  |            | 12/2/                                   | /2016<br>5/2016  |            | S<br>G (1)       | 2500<br>192   | D<br>D                              |                  | 02.40        |        | 9192  |   | D<br>D  |  |  |  |
|  | I - Derivati   | ve Securit | <del></del>                             |  | ispose     | d of, o          |   |                                     | ļ                |              |        | ealls, warrants, op   |   | ıvertible s   | ļ                                      |  |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date       | 3A. Deemed<br>Execution<br>Date, if any | 4. Tra<br>Code<br>(Instr.                                |            | Acquir<br>Dispos | nber of<br>tive Securities<br>red (A) or<br>red of (D)<br>3, 4 and 5) | 6. Date Ex<br>Expiration<br>(MM/DD/ | Date             | Pate<br>YYY) |        | e and Amount of<br>ities Underlying<br>ative Security<br>3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                   | Derivative<br>Securities<br>Beneficially<br>Owned at<br>End of    | Security:<br>Direct (D)<br>or Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |            |   |  | ( <i>F</i> |                  | (D)   |                                     | Exercisable Date |              | Title  | Shares  |   | Issuer's<br>Fiscal Year<br>(Instr. 4)                             | (I)<br>(Instr. 4)                      |  |  |

#### **Explanation of Responses:**

(1) Reporting person made a charitable gift to a medical research center.

#### **Reporting Owners**

| reporting o where              |               |           |         |       |  |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |  |
| Reporting Owner Name / Address | Director      | 10% Owner | Officer | Other |  |  |  |  |
| MYERS JOHN R                   |               |           |         |       |  |  |  |  |
| C/O CURTISS-WRIGHT CORPORATION | v             |           |         |       |  |  |  |  |
| 10 WATERVIEW BOULEVARD         | <i>A</i>      |           |         |       |  |  |  |  |
| PARSIPPANY, NJ 07054           |               |           |         |       |  |  |  |  |

### **Signatures**

Paul J. Ferdenzi through Power of Attorney for John R. Myers

1/27/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

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.