

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

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

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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 and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SMITH ALI	BERT E				C	URT	TISS T	WRIG:	HT	COR	P [CV	V]						
(Last)	(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director 10% Owner Officer (give title below) Other (specify below)				
C/O CURTISS-WRIGHT						2/18/2021												
CORPORAT PLACE DRI	IVE		BOU	R														
	(Stre	eet)			4.	If An	nendm	ent, Date	Orig	ginal Fil	ed (MM/I	DD/YY	YY)	6. Individual of	or Joint/G	roup Filing	(Check Appl	icable Line)
DAVIDSON, NC 28036 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
				e I - Non	-De	rivati	ive Sec	urities A	cqui	ired, D	isposed	of, or	Ben	neficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. 1			2. Trans. D		2A. De Execut Date, if	ion	(Instr. 8)					I	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Indi Form: Benefi	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amount	(A) or (D)	Price	e					(Instr. 4)
Common Stock				2/18/202	1			A ⁽¹⁾		1085 (2)	A	\$115.24	4 (3)		24354		D	
	Tak	ole II - De	rivati	ve Securi	ities	Bene	eficiall	y Owned	l (<i>e.g</i>	,, puts,	calls, w	arran	ıts, o	options, conver	tible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	Execu	3A. Deemed Execution Date, if any 4. T (Ins			Acquire Dispose	mber of ntive Securities red (A) or sed of (D) 3, 4 and 5)		6. Date Exercisable and Expiration Date			rities 1	Underlying Security	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	Beneficial
				Code	Code	v	(A)	(D)	Da Ex	ate cercisable	Expiration Date	n Title	Amo	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) Shares were issued pursuant to the Company's 2014 Omnibus Incentive Plan in which non-employee directors receive an annual grant of restricted stock for service on the board. The restrictions on these shares lapse upon the shorter of (a) three years from the date of grant or (b) until such time as the service of the recipient as a Non-employee Director of the Company shall have ended by reason of his or her (i) death or disability or (ii) failure to be reelected.
- (2) The number of shares is arrived by dividing the closing price of the Issuer's securities on February 16, 2021 into \$125,000, the amount of the stock award granted to the Issuer's non-employee directors.
- (3) Price is based on the close price for the Registrant's common stock on February 16, 2021 the date the reporting person earned annual award.

Reporting Owners

Reporting Owners							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SMITH ALBERT E C/O CURTISS-WRIGHT CORPORATION 130 HARBOUR PLACE DRIVE	X						
DAVIDSON, NC 28036							

Signatures

Paul J. Ferdenzi by Power of Attorney for Albert E. Smith

2/18/2021

**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.