### FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

## 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

|  |   |                   | 4                                    | 10         | -  | 3.7  | 1.001.1  |          | - T:                                       | G 1                | -  |  | 5 D 1 .: 1:   | C.D.  |                              | / \ . T                            |  |
|--|---|-------------------|--------------------------------------|------------|--|--|--|----------|--|--------------------|--|--|---|---|------------------------------|------------------------------------|--|
| 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) |   |                              |                                    |  |
| <br>  Wyche Larr                               | v D   |                   |                                      | C          | URT  | TISS '   | WRIGE  | IT (     | CORI                                       | P [ CW             | / 1  |  | Check an app  | nicaoic)  |                              |                                    |  |
|  |   |                   |                                      |            |  |  |  |          |  |                    |  |  | _X_ Director  |   | 109                          | 6 Owner                            |  |
| (Last) (First) (Middle)                        |   |                   |                                      | 3.         | 3. Date of Earliest Transaction (MM/DD/YYYY)       |  |  |          |  |                    |  | Officer (give title below) Other (specify below)                                     |   |   |                              |                                    |  |
| C/O CURTISS-WRIGHT                             |   |                   |                                      |            | 2/1/2024   |  |  |          |  |                    |  |  |   |   |                              |                                    |  |
| CORPORA  |   | 0 HARI            | BOUR                                 |            |  |  |  |          |  |                    |  |  |   |   |                              |                                    |  |
| PLACE DR                                       | IVE   |                   |                                      |            |  |  |  |          |  |                    |  |  |   |   |                              |                                    |  |
|  | (Stre   | et)               |                                      | 4.         | If An  | nendme   | ent, Date (  | Origi    | inal File                                  | ed (MM/E           | DD/YYY   | YY)  | 6. Individual of  | or Joint/G  | roup Filing                  | (Check Appl                        | icable Line)   |
| DAVIDSON, NC 28036                             |   |                   |                                      |            |  |  |  |          |  |                    |  | _X _ Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |                              |                                    |  |
| (0   | City) (Sta  | te) (Zi           | p)                                   |            |  |  |  |          |  |                    |  |  | Form filed by   | More than C   | ne Reporting i               | erson                              |  |
|  |   |                   | - Non-De                             |            | 3. Trans. Code<br>(Instr. 8)                       |  | 4. Securities Acquired<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |          |  | or 5               | eficially Owned  5. Amount of Securities Beneficially Owned Following Reported Transaction(s) [Instr. 3 and 4) |  |   | 6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) |                              |                                    |  |
|  |   |                   |                                      |            |  |  | Code   | V        | Amount                                     | (A) or<br>(D)      | Price  |  |   |   |                              | (I) (Instr.<br>4)                  | (Insui I)  |
| Common Stock                                   |   |                   | 2                                    | 2/1/2024   |  |  | A(1)   | •        | 50 (2)                                     | ` /                | \$222.79   |  |   |   | 380                          | <b>D</b>                           |  |
|  | Tab   | le II - Dei       | rivative S                           | Securities | Bene   | eficially  | y Owned  | (e.g.    |  |                    |  |  | ptions, conver  | tible secu  | ırities)                     | l .                                | L  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Trans.<br>Date | 3A. Deem<br>Execution<br>Date, if an | (Instr. 8) |  | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |  | s an     | 6. Date Exercisable<br>and Expiration Date |                    | 7. Title and Securities Uperivative (Instr. 3 and  |  | Underlying Security Security (Instr. 5)                                 |   | ,                            | Ownership<br>Form of<br>Derivative | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |                   |                                      | Code       | v  | (A)  | (D)  | Da<br>Ex | ite<br>ercisable                           | Expiration<br>Date | Title  | Amo<br>Shar  | ount or Number of<br>res  |   | Transaction(s)<br>(Instr. 4) | (I) (Instr.<br>4)                  |  |

### **Explanation of Responses:**

- (1) Shares were acquired through the Corporation's 2014 Omnibus Plan whereby non-employee directors may elect to defer their compensation and/or receive their annual retainer and meeting fees in the form of stock at a later date.
- (2) Number of shares calculated based on the value of the award at the time earned divided by the closing price for Issuer's common stock as reported by the New York Stock Exchange on the date the retainer and meeting fees were earned.
- (3) Price is based on the closing market price for the securities on the New York Stock Exchange as of December 29, 2023. The date reporting person earned their shares.

#### **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |  |  |
| Wyche Larry D<br>C/O CURTISS-WRIGHT CORPORATION<br>130 HARBOUR PLACE DRIVE<br>DAVIDSON, NC 28036 | X             |           |         |       |  |  |  |

Paul J Ferdenzi By Power of Attorney from Larry D. Wyche

2/1/2024

\*\*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.