Edgar Filing: SHEFFIELD KATHY I - Form 4

SHEFFIELD	KATHY I											
Form 4												
August 23, 2	012											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549										OMB Number:	3235-0287	
Check the if no long	or						GT 1 1			Expires:	January 31, 2005	
subject to Section 1 Form 4 o		SECU	RI	TIES			ERSHIP OF	Estimated a burden hour response	verage			
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the l		ility Ho	ldi	ing Com	pany	Act of	Act of 1934, 1935 or Sectior)	1		
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> SHEFFIELD KATHY I			2. Issuer Name and Ticker or Trading Symbol AAON INC [AAON]						5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	(iddle)		_		-			(Check	c all applicable)	
. ,	TH 144 EAST A	,	3. Date of (Month/D 08/21/20	ay/Year)	га	nsaction			Director X Officer (give below) Sr. Vice Pro		Owner r (specify Treas	
	(Street)		4. If Ame	ndment, E	Date	e Original			6. Individual or Jo	Joint/Group Filing(Check		
OWASSO,	OK 74055		Filed(Mor	ith/Day/Yea	ar)				Applicable Line) _X_ Form filed by O Form filed by M			
		(7 :)							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-	De	erivative S	Securi	ties Acqu	ired, 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)			n Date, if	Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	/	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$.004	08/21/2012	08/21/2	012	М		22,500	А	\$ 6.45	26,750	D		
Common Stock, par value \$.004	08/21/2012	08/21/2	012	S		22,500	D	\$ 19.58	4,250	D		
Common Stock, par value \$.004									12,406	I	401(k) Plan	

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

Edgar Filing: SHEFFIELD KATHY I - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	 5. Number of 5. Control Cont		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 6.45	08/21/2012	08/21/2012	М		22,500	02/21/2004	02/21/2013	Common Stock	22,500
Stock Option	\$ 7.21						04/06/2006	04/06/2015	Common Stock	11,250
Stock Option	\$ 12.29						05/08/2007	05/08/2016	Common Stock	22,500
Stock Option	\$ 11.31						03/10/2009	03/10/2018	Common Stock	4,500
Stock Option	\$ 10.21						03/09/2010	03/09/2019	Common Stock	7,500
Stock Option	\$ 15.51						05/25/2011	05/25/2020	Common Stock	15,000
Stock Option	\$ 19.47						05/15/2013	05/15/2021	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
Topologie of the reader of the reader of	Director	10% Owner	Officer	Other				
SHEFFIELD KATHY I 10402 NORTH 144 EAST AVENUE OWASSO, OK 74055			Sr. Vice President Admin/Treas					
Signatures								

Kathy I. 08/23/2012 Sheffield <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.