Edgar Filing: Aircastle LTD - Form 4

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Form 4											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check the if no lon subject to Section Form 4	ger STATEN 16.	MENT OI	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5		
Form 5 obligatio may cor <i>See</i> Inst 1(b).	tinue. Section 17	(a) of the I	Public U	Jtility Ho	lding Cor	npan		Act of 1934, 935 or Section			
(Print or Type	Responses)										
			8					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) ((Middle) 3. Date of Earliest Transaction			(Check	(Check all applicable)					
4-2 OHTEMACHI 1-CHOME			(Month/Day/Year) . 10/11/2013 .					_X_DirectorX_10% Owner Officer (give titleOther (specify below)Other (specify			
				ed(Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting			
100-8088, 1							I	Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	Code (Instr. 3, 4 and 5) (Instr. 8) (A)			(D)	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	or (D)	Price	(Instr. 3 and 4)		See	
Common Shares	10/11/2013			Р	30,000	А	\$ 17.8154 (1)	14,177,100	Ι	See Footnote (2)	

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh			
		10% Owner	Officer	Other	
MARUBENI CORP /FI 4-2 OHTEMACHI 1-CHOME CHIYODA-KU, TOKYO 100-8088, M0	Х	Х			
Marubeni Aviation Holding Cooperatief U.A. HERIKERBERGWEG 238, 1101 CM AMSTERDAM, ZUIDOOST, P7	Х	Х			
Marubeni Aviation Corp 4-2 OHTEMACHI 1-CHOME, CHIYODA-KU, TOKYO, 100-8088, M0	Х	Х			
Signatures					
/s/ Tadaaki Kurakake, General Manager, Aerospa Corporation	ace & Def	ense System	s Dept.,	Marubeni	10/15/2013
<u>**</u> Signature of Repo	Date				
/s/ Tadaaki Kurakake, Managing Director, Marub	10/15/2013				
<u>**</u> Signature of Repo	Date				
/s/ Tadaaki Kurakake, Director, Marubeni Aviatio	10/15/2013				
<u>**</u> Signature of Repo	orting 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).

The reported purchases were executed in multiple trades on the open market at a range of prices. The price reported above reflects the average purchase price. Upon request, full information regarding the number of shares and prices at which the transactions were affected can be provided.

(2) Shares owned directly by Marubeni Aviation Holding Cooperatief U.A.

Remarks:

On August 2, 2013, Ryusuke Konto, Chairman of Marubeni Aerospace Corporation, and Gentaro Toya, Assistant Advisor to

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.