Kriedberg Michael Form 4 January 03, 2019

#### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number: January 31,

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Expires:

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

| Kriedberg Michael                                   |         |          | Symbol                          | Issuer                                   |
|---|---------|----------|---------------------------------|--|
|   |         |          | Aircastle LTD [AYR]             | (Check all applicable)                   |
| (Last)  | (First) | (Middle) | 3. Date of Earliest Transaction | (- · · · · · · · · · · · · · · · · · · · |
|   |         |          | (Month/Day/Year)                | Director 10% Owner                       |
| C/O AIRCASTLE ADVISOR<br>LLC, 201 TRESSER BLVD, 4TH |         |          | 01/01/2019                      | X Officer (give title Other (specify     |
|   |         |          |                                 | below) below) Chief Commercial Officer   |
| FI OOP  |         | ,        |                                 | Chief Commercial Officer                 |

2. Issuer Name and Ticker or Trading

(State)

1. Name and Address of Reporting Person \*

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

(Zip)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

STAMFORD, CT 06901

(City)

| (City)                               | (State)                                 | Zip) Table  | e I - Non-D                            | erivative   | Secur | rities Acq   | uired, Disposed o  | f, or Beneficial  | ly Owned |
|--------------------------------------|---|---|--|---|-------|--|--|---|----------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or |       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |
|                                      |   |   | Code V                                 | Amount  | (D)   | Price  | (Instr. 3 and 4)   |   |          |
| Common<br>Shares                     | 01/01/2019                              |   | F                                      | 9,227<br>(1)  | D     | \$<br>17.24<br>(2)   | 198,031  | D   |          |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: Kriedberg Michael - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Title | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D  | ate         | Amou     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under    | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Securi   | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr.  | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |             |          |          |             | Follo  |
|             | ·           |                     |                    |            | (A) or     |               |             |          |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |          |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |          |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |          |          |             | `      |
|             |             |                     |                    |            | 4, and 5)  |               |             |          |          |             |        |
|             |             |                     |                    |            | , ,        |               |             |          |          |             |        |
|             |             |                     |                    |            |            |               |             |          | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |          | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date        | Title    | Number   |             |        |
|             |             |                     |                    |            |            |               |             |          | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |          | Shares   |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                                |       |  |  |  |  |
|--|---------------|-----------|--------------------------------|-------|--|--|--|--|
| <b>F-</b>  | Director      | 10% Owner | Officer                        | Other |  |  |  |  |
| Kriedberg Michael C/O AIRCASTLE ADVISOR LLC 201 TRESSER BLVD, 4TH FLOOR STAMFORD, CT 06901 |               |           | Chief<br>Commercial<br>Officer |       |  |  |  |  |

## **Signatures**

/s/ Michael L.
Kriedberg

\*\*Signature of Reporting

Date

\*\*Signature of Reporting
Person

## **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).
- Common shares repurchased by the Company pursuant to an irrevocable election made by the reporting person under the Amended and (1) Restated Aircastle Limited 2014 Omnibus Incentive Plan (the "Plan"), with proceeds of such repurchase being applied to the reporting person's federal and state tax obligations arising from the vesting, on January 1, 2019 of 28,252 common shares granted under the Plan.
- (2) The repurchase price of \$17.24 paid by the Company was the closing price on December 31, 2018 the last trading day preceding the date the sale was reported, as provided in the Plan.

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.

Reporting Owners 2