FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number: 3235-036							
Estimated average burden							
ha	. 10						

Check	this box if no lo	onger subject to				vvasii	iiigtoii, i	D.C. 2	.0349						OMB	APP	ROV	AL	
Section obligation	on 16. Form 4 or tions may contil ction 1(b).	Form 5	ANNUA	L STATE	EME		OF C			IN BE	ENEF	CIA	AL	Est	B Numb	verage b		235-0362	
Form	3 Holdings Rep	orted.				O.	V.V.	101	•••					hou	ırs per re	sponse:		1.0	
Form	4 Transactions	Reported.	File	ed pursuant to or Section					urities Excha Company Ad										
Name and Address of Reporting Person* Walker Steven M												5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						ner	
(Last) 3000 TA		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/31/2021								X Officer (give title below) Other (specify below) Chief Accounting Officer									
(Street) HOLLYWOOD FL 33021				4. If Amer	Line) X Form file								iled by C	oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting					
(City)	(Si	rate) (Zip)										Persor						
		Tabl	e I - Non-Deriv	ative Sec	uriti	es A	cquire	ed, D	isposed	of, or	Benefi	ciall	ly Owne	t					
Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D if any (Month/Day/	ate,	Code (Instr.		4. Securities Acquired (A Of (D) (Instr. 3, 4 and 5)		uired (A) and 5)	d (A) or Disposed 5)		5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership			
					(Monumbay/rear)		5,		Amount		(A) or (D) Price		Issuer's F Year (Inst 4)		Indired	Indirect (I) (Instr. 4)		(Instr. 4)	
Class A	Common St	ock											9,7	53	I	D			
Commor	1 Stock												7,758		I		By 401(k)		
Class A	llass A Common Stock										6,976		I		By 401(k)				
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls									Owned						
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		Execution Date,	4. Transaction Code (Instr. 8)	1 of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		- 1	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Benefic Owned Following Reporter Transactures (Instr. 4)	ve Owner es Form: Direct or Indii ng (I) (Insi d tion(s)		(D) Beneficial Ownership irect (Instr. 4)			
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber							
Option (Right to purchase Class A Common Stock)	\$20.8855						(2)		09/23/2023 Class A Common Stock 12,20		208		12,208		D				
Option (Right to purchase Class A Common Stock)	\$24.9088						(2)		2) 06/08/2025		A on 9,7	66		9,766		D			
Option (Right to purchase Class A Common Stock)	\$34.7392						(2))	12/12/2026	Class Comm Stock	on 11,7	719		11,7	719	D			
Option (Right to purchase Class A Common Stock)	\$62.68)	06/11/2028 Class A Common Stock 7,		on 7,5	00		7,5	7,500 D				
Option (Right to purchase Class A	\$97						(2))	12/13/2029	Class Comm Stock	on 6,5	00		6,5	00	D			

Explanation of Responses:

- 1. Represents shares held for the benefit of the Reporting Person by the HEICO Corporation 401(k) based on a plan statement dated October 28, 2021.
- 2. These options are exercisable at 20% per year over five years from the date of grant.

Remarks:

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 Number.