SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] SCHRIESHEIM ALAN | | 2. Issuer Name and Ticker or Trading Symbol <u>HEICO CORP</u> [HEI, HEI.A] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |
|--|----------------|--|---|
| (Last) (First) 3000 TAFT STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2021 | Officer (give title Other (specify below) below) |
| | 33021 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | | | - | - | - | | | |
|---------------------------------|--|---|---|---|-----------------------------|---------------|------------------------------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed O | | ed (A) or tr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 01/21/2021 | | S | | 3,000 | D | \$115.9035 | 37,822 | D | |
| Common Stock | | | | | | | | 978 | D | |
| Common Stock | | | | | | | | 11,333 | I | By 409A Plan ⁽¹⁾ |
| Class A Common Stock | | | | | | | | 6,416 | I | By 409A Plan ⁽¹⁾ |
| Class A Common Stock | | | | | | | | 10,488 | Ι | By Estate ⁽²⁾ |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (e.g., puts, caus, 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. Transa Code (8) | | 5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | Amount of Securities | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares held for the Reporting Person by the HEICO Corporation Leadership Compensation Plan (409A Plan).

2. Represents shares held by the estate of deceased spouse.

Remarks:

/s/ Alan Schriesheim

01/22/2021 n Date

** Signature of Reporting Person

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.