FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MENDELSON LAURANS A						2. Issuer Name and Ticker or Trading Symbol HEICO CORP [HEI, HEI.A]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
(Last) 825 BRIO	(Fii	rst) (Y DRIVE, 16TH	Middle) I FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 08/14/2003									X	Office	er (give title		Other below)	(specify		
(Street) MIAMI (City)	FL (St		33131 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individine)	Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execu Day/Year) if any		A. Deemed xecution Date, any Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Sec Ben Owr		Amount of curities eneficially whed Following		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Pr		Price	, l	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class A Common Stock 08/14					4/2003		08/14/2003		G	V	500		D	\$	0	70,647(1)		I		By LAM Alpha L.P.		
	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)	Execution Date, Transaction of				ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title a Amount Security Underlyi Derivativ Security and 4)					str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code					Expiration Date	or Numbe of Title Shares											

Explanation of Responses:

1. In addition to the Securities reported herein, the Reporting Person owns directly 65,885 shares of Common Stock and 84,543 shares of Class A Common Stock and owns indirectly 602,384 shares of Common Stock and 238,190 shares of Class A Common Stock owned by LAM Limited Partners, 279,058 shares of Common Stock owned by LAM Alpha Limited Partners, 24,644 shares of Common Stock and 19,420 shares of Class A Common Stock held for the benefit of the Reporting Person by the HEICO Corporation 401(k) Plan and 45,441 shares of Common Stock and 14,408 shares of Class A Common Stock and 19,420 shares of Class A Common St Stock owned by the Laurans A. and Arlene H. Mendelson Charitable Foundation, Inc. (the Foundation), a non-profit Charitable Corporation. The Reporting Person disclaims beneficial ownership of securities held by the Foundation.

> Laurans A. Mendelson 08/14/2003

** Signature of Reporting Person Date

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.