FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average	burden									
hours per respons	e: 0.5									

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

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

					01 30	CCHOIL	30(11) 0	i uic	IIIVCSti	TICTIL V	Company Ac	01 15-1							
1. Name and Address of Reporting Person* HENRIQUES ADOLFO					2. Issuer Name and Ticker or Trading Symbol HEICO CORP [HEI, HEI.A]									5. Relationship of Reportin (Check all applicable)			ng Pei	rson(s) to I	
(Last)	(Fil	irst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023									Officer (give title below)			Other (s	
3000 TAFT STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	WOOD FL	33021												X Form filed by One R Form filed by More t Person				•	
(City)	(St	itate) (Zip)			Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														ended to			
		Table	1 - 1	Non-Deriva	tive S	Secu	rities	Ac	quire	d, D	isposed	of, or	Benefic	ially	Owr	ned			
Dat			2. Transaction Date (Month/Day/Ye	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			4 and 5)		5. Amount of Securities Beneficially Owned Following		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(Code V		Amount	(A) or (D)	Price	ce		Reported Transaction(s) (Instr. 3 and 4)			. ,	
Class A Common Stock														2	3,393		I	By 409A Plan ⁽¹⁾	
Common Stock		06/02/2023					P		120	A	\$158.2032		4,744			I	By 409A Plan ⁽¹⁾		
Class A Common Stock														7	7,126			By Trust ⁽²⁾	
Common Stock													63				By Trust ⁽²⁾		
		Tal	ble I	II - Derivativ (e.g., pu	ve Se ts, ca	ecuri alls,	ties <i>l</i> warra	Acqı ınts	uired , opti	, Dis	posed of	f, or B ible se	eneficia ecuritie	ally (s)	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	Exe if a	. Deemed ecution Date, ıny onth/Day/Year)	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti	Number		ration	ercisable and Date y/Year)	Amo Secu Unde Deriv Secu	le and unt of irities erlying vative irity r. 3 and 4)	Deri Sec (Ins	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Naturn of Indirect Beneficia Ownersh (Instr. 4)
					Code	V	(A)	(D)	Date Exer	cisabl	Expiratio e Date	n Title	or Number of						

Explanation of Responses:

- 1. Represents shares held for the Reporting Person by the HEICO Corporation Leadership Compensation Plan (409A Plan).
- 2. Represents shares held in The Adolfo and Elizabeth Henriques 1998 Trust (the "Trust") of which the Reporting Person is trustee. The Reporting Person and members of his immediate family are the sole beneficiaries of the Trust.

Remarks:

/s/ Adolfo Henriques

06/06/2023

** 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.