FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| 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: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours par raspansa: | 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* IRWIN THOMAS S | | | | | 2. Issuer Name and Ticker or Trading Symbol HEICO CORP [HEI, HEI.A] | | | | | | | | | | | all app | licable) | | ssuer Owner (specify |
|--|----------------|------------|-------------------|---------------------------------|---|---|---|---|---------|-------------------------|---|---|---|------------------|--|---|---|--|--|
| (Last) 3000 TAI | (F FT STREE | irst) T | (Middle) | | 3. Date of Earliest Transact 02/26/2010 | | | | | action (Month/Day/Year) | | | | | | belov | v) | below vice President |)` |
| (Street) HOLLYV (City) | WOOD F. | L tate) | 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 | | | | |
| 1. Title of Security (Instr. 3) 2. Tr. Date | | | | 2. Trans Date | insaction 2A. Exe th/Day/Year) if ar | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | of, or Beneficia rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar | | | r 5. Amo | | ount of | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial |
| | | | (WOTHIN | | | | | |) ' ' | | | (A) or (D) | | Ow Rej Tra | | l Following | (I) (Instr. 4) | Ownership (Instr. 4) | |
| Class A C | Common St | ock | | | | T | | | | | | | | | | 1 | 1,680 | D | |
| Common Stock | | | 02/26 | 02/26/2010 | | | | G | V | 2,200 |) | D | 1 | 5 <mark>0</mark> | 3 | 1,011 | D | | |
| Common Stock | | | | | | | | | | | | | | 54,572 | | I | Irwin Family Trust ⁽¹⁾ | | |
| Class A C | Common St | ock | | | | | | | | | | | | | | | | | 401(k) Plan ⁽²⁾ |
| Common Stock | | | | | | | | | | | | | | 35,347 | | Ι | 401(k) Plan ⁽²⁾ | | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) | | | Date, ay/Year) | 4. Transac Code (In 8) | ction of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expirati Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Represents shares sold by the Reporting Person to the Irwin Family Irrevocable Trust whose trustee is Carrie Irwin, the Reporting Person's daughter.
- 2. Represents shares held for the benefit of the Reporting Person by the HEICO Corporation 401(k) Plan based on a plan statement dated February 25, 2010.

Remarks:

** Signature of Reporting Person

03/01/2010

Thomas S. Irwin

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.