FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average I | burden | | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject | tc |
|-------------------------------------|----|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(h) | |

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* | | | | 2. 19 | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|------------|--------------|--|---|---|--|-----------|--|---------------------------------|---|---|--|--|---------------------------------------|---|--------|
| BAKER KENNETH R | | | | A | AeroVironment Inc [AVAV] | | | | | | | X Direct | , | | 10% Ov | /ner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2010 | | | | | | | Officer (give title below) | | | Other (s below) | pecify |
| C/O AEROVIRONMENT, INC. | | | | | | | | | | | | | | | | | |
| 181 W. HUNTINGTON DRIVE, SUITE 202 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | - 1 | , | filed by One | Repo | orting Perso | n |
| MONRO | VIA C | A : | 91016 | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, D | isposed | of, or Be | neficia | lly Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution | | | Code (Ins | on Dispose | rities Acquii ed Of (D) (In: | | Benefic | es Fori ially (D) (Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | Amoun | (A) o | Price | Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| | 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 Security 1. Title of Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 6 Execution Date (Month/Day/Year) 6 (Month/Day/Year) | | Date, 1 | Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (Right to Purchase) | \$24.57 | 06/22/2010 | | | A | | 3,500 | | (1) | 06/22/2020 | Common Stock | 3,500 | \$0 | 3,500 | | D | |

Explanation of Responses:

1. The options vest in five equal annual installments beginning one year from the date of grant.

Remarks:

/s/ Marco Quihuis, Attorneyin-Fact

** Signature of Reporting Person Date

06/24/2010

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.