FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | JVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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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(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* MERIGOLD CATHARINE | | | | | | 2. Issuer Name and Ticker or Trading Symbol AeroVironment Inc [AVAV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| WILKIC | IULD (| LAITIANINE | | | | [] | | | | | | | | | X | Direc | ctor | 10% | Owner | | |
| (Last) (First) (Middle) C/O AEROVIRONMENT, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2019 | | | | | | | | | | | Office | er (give title v) | Othe belov | r (specify v) | | |
| 900 INNOVATORS WAY | | | | | 4 16 | 4 If Amandment Data of Original Filed (Month/D-:: 0/) | | | | | | | | | 6 Individual or Joint/Croup Filing (Chook Applicable | | | | | | |
| - | | | | | . 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| SIMI VALLEY CA 93065 | | | | | | | | | | | | | | | Form Pers | m filed by More than One Reporting son | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Date E Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, | | | 4 and Sec Ber Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | | |
| Common Stock 06/28/ | | | | | | 3/2019 | | | A | | 2,113(| (1) A | | \$ | \$0 1 | | 7,877 | D | | | |
| | 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) | erivative Conversion Date or Exercise (Month/Day/Year) | | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pri Deriv Secu (Insti | ative drity S . 5) B C F | 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) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber res | | | | | | | |

Explanation of Responses:

1. Awards vest in 3 equal installments on each of July 11, 2020, 2021 and 2022.

/s/ Kasey Hannah, Attorney-in-07/02/2019

<u>Fact</u>

** 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.