FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

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* <u>Laubenthal Raymond F</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol TransDigm Group INC [TDG] | | | | | | | | | | of Reportir cable) or (give title | g Person(s) to Is 10% C Other | | wner | |
|---|---|--|---|---------|-----------------------------------|---|--|---|------------|--------------------------------------|-------------|--|----------------------------------|--|---|---|---|-------------------------------------|--|---|--|
| (Last) (First) (Middle) TRANSDIGM GROUP INCORPORATED 1301 EAST 9TH STREET, SUITE 3710 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/27/2011 | | | | | | | | | | helow) | | | below) | эрсспу | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| CLEVELAND OH 44114 (City) (State) (Zip) | | | | | , | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | <u> </u> | | | n-Deriv | ative | Sec | curiti | ies Ac | qu | ired, I | Disp | posed c | of, or | Ben | eficial | ly Owned | t | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | | | Execut Day/Year) if any | | | A. Deemed kecution Date, any lonth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A (I | A) or D) | Price | Transac (Instr. 3 | tion(s) | | | (| | | | |
| Common Stock 09/27/2 | | | | | | | 2011 | | | M | | 3,000 | | A | \$6.6 | 63 | 3,069 | | D | | |
| Common | Stock | | | 09/27 | <mark>7/201</mark> 1 | 1 | | | | S | | 3,000 | 0 | D | \$88 | 60 | ,069 | D | | | |
| | | ד | Гable II - | | | | | | | | | osed of onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | i. Transaction Code (Instr. | | ı of l | | Exp | Date Exe piration onth/Day | Date | | Amou Secur Under Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | s S Ily | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | 0 N | mount r lumber f hares | | | | | | |
| Stock | \$6.68 | 09/27/2011 | | | M | | | 3,000 | 09 | /30/2004 | 0 | 8/05/2013 | Comn | | 3,000 | \$0.00 | 31,58 | 4 | D | | |

Explanation of Responses:

Remarks:

All transactions made pursuant to an established 10b5-1 plan.

Halle Fine Terrion as attorney

in fact for Raymond

Laubenthal

** Signature of Reporting Person Date

09/27/2011

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.