FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT C | F CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|--------------|------------|-----------|
| | | | |

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

| Name and Address of Reporting Person* Terrion Halle Fine | | | | | | 2. Issuer Name and Ticker or Trading Symbol TransDigm Group INC [TDG] | | | | | | | | | all appli Directo | ionship of Reporting all applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | vner | |
|--|------------------------|--------------------------|---|---|---------|---|---|-------|-------------------------------|---|--------------------|--------------------|-------------------------------|--|--|--|--|--|------------|--|
| (Last) 1300 E 9 | (Fi TH ST, SU | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016 | | | | | | | | | below) below) GC, CCO, Secretary | | | | |
| (Street) CLEVEI | AND OH 44114 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ′ | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - | Non-Deriv | vative | e Sec | uritie | es A | cquir | ed, [| Disposed | of, or | Benefi | icially | Owne | t t | | | | |
| Date | | | 2. Transaction Date (Month/Day/ | Year) | Executi | | emed tion Date, n/Day/Year) | | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | . Benefi | | ies ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) Price | | | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common | Common Stock 11/18/202 | | | | 20 |) | | | M | | 80 A | | \$113.15 | | 958 | | | D | | |
| Common | Common Stock 11/18/202 | | | | 20 | 0 | | | S | | 80 | D | \$600. | 6600.0075(1) | | 878 | | D | | |
| | | Т | able | II - Deriva (e.g., p | ative s | Secu calls | rities , war | s Ac | quire ts, op | d, Di | sposed of | f, or B ible se | enefic ecuriti | ially C es) | wned | | | | | |
| Derivative Conversion | | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expir | te Exer ration I th/Day | | Amount of | | De Se (Ir | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amo or Num of Sha | | | | | | | |
| Stock Option | \$113.15 | 11/18/2020 | | | M | | | 80 | 09/3 | 0/2012 | 03/19/2022 | Comm | | 0 | \$0.00 | 1,195 | | D | | |

Explanation of Responses:

1. Price reported constitutes the average weighted price of shares sold. Shares were sold at varying prices in the range of \$600.00 - \$600.03. The reporting person hereby undertakes, upon request of the Commission, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

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

11/19/2020 Halle Fine Terrion

** 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.