FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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: Estimated average burden hours per response: 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* <u>Laubenthal Raymond F</u>						2. Issuer Name and Ticker or Trading Symbol TransDigm Group INC [TDG]									all applic	onship of Reporting Per all applicable) Director Officer (give title		son(s) to Iss 10% Ow Other (s	vner
	Last) (First) (Middle) FRANSDIGM GROUP INCORPORATED 1301 EAST 9TH STREET, SUITE 3000						3. Date of Earliest Transaction (Month/Day/Year) 08/08/2014								below)				posity
(Street) CLEVELAND OH 44114					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3		(Zip)	Non Dor	iventive	- Co		ioo A			Nionopod 4		Danafia	ially (
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ion	2A. Deemed Execution Date,			3.		Disposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amo Securi Benefi Owned		int of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 08/08/201-						4		M	П	16,205	A	\$13.	37	76	5,205		D		
Common Stock 08/08/201-					014	4			S		14,567	D	\$173.5	S173.5125 ⁽¹⁾		61,638		D	
Common Stock 08/08/2014					014	1		S	П	1,638	D	\$174.1	\$174.1141 ⁽²⁾		60,000		D		
		-	Table								sposed of s, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	Date, Transa Code (Expi (Mor	ate Exe ration I nth/Day		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		De	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V (A)		(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					
Stock	\$13.37	08/08/2014			M			16,205	09/30/2006		10/01/2015	Comm	mmon 16,205		\$0.00	97,250		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 \$172.98 \$173.95. 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.
- 2. Price reported constitutes the average weighted price of shares sold. Shares were sold at varying prices in the range of \$173.98 \$174.37. 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.

Remarks:

All transactions reported hereunder made pursuant to a 10b5-1 plan.

Halle Fine Terrion as attorney

08/11/2014 in fact for Raymond F.

Laubenthal

** 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.