FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

tion 1(b).			Filed									1934		nours	s per re	сэропэс.	0.5
1. Name and Address of Reporting Person* DRIES WILLIAM					2. Issuer Name and Ticker or Trading Symbol TransDigm Group INC [TDG]							Check all a	pplicable)	ng Pe	.,		
(Last) (First) (Middle) 8812 LAKE CHALLIS LANE					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2020							Officer (give titl below)			Other (specify below)		
(Street) CHARLOTTE NC 28226 (City) (State) (Zip)						ment,	Date (of Origin	nal File	ed (Month/Da	ıy/Year)		ne) X Fo Fo	rm filed by Or rm filed by Mo	ne Rep	porting Pers	on
	Table	e I - No	on-Deriva	ative	Secu	rities	Acc	uired	l, Dis	posed of	, or B	enefic	ially Ow	ned			
Date					Execution Date,							nd Sec Ben Owr	urities eficially ned Following	Forr (D)	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Trar	saction(s)			(1113411 4)
Common Stock 03/13/20								P		1,000	A	\$425	.31	2,316		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
or Exercise Price of	onversion r Exercise rice of erivative ecurity				vative rrities ired r osed) r. 3, 4	Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Amount of Amount of Amount of Or			at of ties ying tive ty (Instr. I) Amount or Number of	Derivativ	e derivative Securities Beneficial Owned Following Reported	Following Reported Transaction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
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Explanation of Responses:

Remarks:

Halle Fine Terrion as attorney in fact for William Dries

03/16/2020

** 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.