SHEFFIELD KATHY I

Form 4/A

August 02, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

Expires:

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OMB APPROVAL

January 31, 2005

0.5

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

Stock, par

value \$.004

(Print or Type Responses)

1. Name and Address of Reporting Person * SHEFFIELD KATHY I		2. Issuer Name and Ticker or Trading Symbol AAON INC [AAON]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)		Earliest Tra	ansaction		Director	100	6 Owner	
10402 NOR	ГН 144 EAST .	AVENUE	(Month/Da) 06/13/20	•			X_ Officer (gi	tve title Oth below) resident and Trea	er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 07/11/2011				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
OWASSO, O	OK 74055		07/11/20	,11			Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution	emed on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	(A) or 1 of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Stock, par value \$.004							2,250	D		
Common									401(k)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Ι

12,406

401(k)

Plan

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$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 6.45 (1)					02/21/2004	02/21/2013	Common Stock	22,500	
Stock Option	\$ 7.21 <u>(1)</u>					04/06/2006	04/06/2015	Common Stock	11,250	
Stock Option	\$ 12.29 (1)					05/08/2007	05/08/2016	Common Stock	22,500	
Stock Option	\$ 11.31 (1)					03/10/2009	03/10/2018	Common Stock	4,500	
Stock Option	\$ 10.21 (1)					03/09/2010	03/09/2019	Common Stock	7,500	
Stock Option	\$ 15.51 (1)					05/25/2011	05/25/2020	Common Stock	15,000	

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	

SHEFFIELD KATHY I 10402 NORTH 144 EAST AVENUE OWASSO, OK 74055

Vice President and Treasurer

Signatures

Kathy I. Sheffield	08/02/201		
**Signature of Reporting Person	Date		

Reporting Owners 2

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Explanation of Responses:

- * 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).
- (1) Adjusted to reflect a 3 for 2 stock split effected pursuant to a 50% stock dividend.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.