FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

		or Secti	011 30(11) 01	the inve	estinent Company Act of 194	40						
1. Name and Address of Reporting Person*  SIEGEL SEYMOUR  2. Date of Event Requiring Statement (Month/Day/Year) 11/30/2005				3. Issuer Name and Ticker or Trading Symbol Ashlin Development Corp [ ASHN ]								
(Last) (First) (Middle) C/O ASHLIN DEVELOPMENT				Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)				
CORPORATION 1479 NORTH CLINTO	ON AVENUE				Officer (give title below)	Other (spe below)	· [ ·	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street) BAY SHORE NY	11706								y More than One			
(City) (State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					100,000	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Secur	2. Date Exercisable an Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conv		ercise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiratior Date	ı Title	•	Amount or Number of Shares	Price of Derivative Security					

Explanation of Responses:

<u>/s/ SEYMOUR G. SIEGEL</u> <u>12/07/2005</u>

\*\* Signature of Reporting Person Da

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).