



Comisión Nacional
del Mercado de Valores
REGISTRO DE ENTRADA
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**LEGAL DEPARTMENT
Capital Markets**

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TELECOPIE
Facsimile transmission

de / from : David ZAKIN / telephone / phone : 33 (0) 1 42 24 27 48

A l'attention de / to the attention of

Copy: Barbara Llopis (EADS CASA)

Date / Date : 18 June 2010

Nombre de pages, celle-ci incluse / Total number of pages, including cover: 3

Re EADS / "Directors dealings"

Dear Sir,

Please find attached, for your information, the notifications on transactions performed by a member of the Executive Committee of EADS N.V. as transmitted to the Dutch AFM and also to the German BaFin.

Yours sincerely,

David Zakin

Notification form for financial instrument transactions in one's own issuing institution
(Section 5:60 of the Financial Supervision Act (WRO))

Part I

1. The name of the issuing institution: **European Aeronautic Defence and Space Company EADS NV**
2. The name of the person obliged to notify: **THOMAS ENDERS**

Type of financial instrument

3. Type of financial instrument: **Share**
(share, option, warrant, other)
4. To be filled in if applicable:
 - Nominal value of the financial instrument: **EUR 1**
 - Type of option (call/put/employee option/other): **N/A**
 - Exercise price: **N/A**

Characteristics of the transaction in financial instruments disclosed in questions 3 and 4 above

5. Date of the transaction: **14 June 2010**
6. Number of acquired financial instruments by the transaction: **N/A**
7. Number of financial instruments sold by the transaction: **13,500**
8. Price of the financial instrument: **EUR 243,861.30**
9. Open/close (in the case of options): **N/A**
10. Location of the performance of the transaction (if the transaction occurred via a regulated market):
EURONEXT Paris

Part II

Reason for the notification: what is the relationship between the party who is obliged to notify and the issuing institution?

Categories of parties obliged to make a notification		
1	Any person who determines or co-determines the day-to-day policies of the issuing institution;	YES/NO
2	Any person who supervises the management's policies and the general course of events of the issuing institution and the entities connected with it;	YES/NO
3	Any person who has managerial responsibilities and on that basis may take decisions affecting the future developments and business prospects of the issuing institution and that may have regular access to information as means in section 5:53. WfB;	YES/NO
4	Spouses, registered partners, or partners of the individual falling under categories 1 through 3, or other individuals who live together with this individual falling under categories 1 through 3 in a comparable manner;	YES/NO
5	Children of the individual falling under categories 1 through 3 who fall under their authority or are under guardianship for which this individual is named as guardian;	YES/NO
6	Other blood relations that related persons of the individual falling under categories 1 through 3 which, on the date of the transaction concerned, had lived at least one year in the same household with this individual;	YES/NO
7	Corporations, trusts as defined in Section 1, under c, of the Wet toezicht instellingen or "persoonvenootschappen":	YES/NO
	i) by which the manager vests responsibility upon an individual as described under 1 through 6;	YES/NO
	ii) that is under the control of an individual as described under 1 through 6;	YES/NO
	iii) that is set up for the advantage of an individual as described under 1 through 6;	YES/NO
	iv) in which the economic interest is actually equivalent to an individual as described under 1 through 6;	YES/NO

Is the notification by the obligated party delivered through a representative chosen by the issuing institution? **YES**

If YES, the name and the function of this person: **Hans Peter RING, EADS FR**

Information of the party obliged to provide the information hereunder will not be disclosed in the register: **Compliance Officer**

Address: **EADS**
 Postal code, city, province, country: **81663, Munich, Germany**
 Telephone number of obligated party or contact person: **+49 89 607 24200**
 E-mail: **hans-peter.ring@eads.net**

I hereby certify that the foregoing information is true to the best of my knowledge:

Name: **Hans Peter RING**
 Date and city: **16 June 2010**
 Signature: