

FIRST SOLAR, INC.  
Form 3  
March 27, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

|                                           |         |                                                                                                                                                                                             |                                             |                                                                                                                                                 |
|-------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement                                                                                                                                                        | 3. Issuer Name and Ticker or Trading Symbol |                                                                                                                                                 |
| JCL FSLR Holdings, LLC                    |         | (Month/Day/Year)                                                                                                                                                                            | FIRST SOLAR, INC. [FSLR]                    |                                                                                                                                                 |
| (Last)                                    | (First) | (Middle)                                                                                                                                                                                    | 03/26/2012                                  |                                                                                                                                                 |
| P.O. BOX 1860                             |         | 4. Relationship of Reporting Person(s) to Issuer                                                                                                                                            |                                             | 5. If Amendment, Date Original Filed(Month/Day/Year)                                                                                            |
| (Street)                                  |         | (Check all applicable)                                                                                                                                                                      |                                             | 6. Individual or Joint/Group Filing(Check Applicable Line)                                                                                      |
| BENTONVILLE, AR 72712                     |         | <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input type="checkbox"/> Other<br>(give title below)    (specify below) |                                             | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |
| (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                    | 24,957,907                                            | D <sup>(1)</sup>                                         | ^                                                     |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
|                                            | Date Exercisable    Expiration Date                      | Title    Amount or Number of                                                |                                                        |                                                                  |                                                       |

Shares (I)  
(Instr. 5)

## Reporting Owners

| Reporting Owner Name / Address                                   | Relationships |           |         |       |
|------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                  | Director      | 10% Owner | Officer | Other |
| JCL FSLR Holdings, LLC<br>P.O. BOX 1860<br>BENTONVILLE, AR 72712 | ^             | ^ X       | ^       | ^     |

## Signatures

/s/ Jim Walton, authorized signatory 03/27/2012

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

These shares are owned directly by JCL FSLR Holdings, LLC ("LLC"), which is an entity owned by the John T. Walton Residuary Trust and JCL Holdings, LLC. On March 26, 2012, Estate of John T. Walton and JCL Holdings, LLC, as members of LLC, transferred the (1) reported shares to LLC. Thereafter on March 26, 2012, Estate of John T. Walton, a decedent's estate, transferred its entire interest in LLC to John T. Walton Residuary Trust by will and the laws of descent and distribution. John T. Walton Residuary Trust and JCL Holdings, LLC are the indirect beneficial owners of the reported securities.

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.