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FORMFACTOR INC Form 4 June 06, 2017									
FORM /		SECU	DITIES /			E COMMISSIO	- NT	PPROVAL	
Check this box	D STATES		shington				Number:	3235-0287 January 31,	
Section 16. Form 4 or	EMENT O	F CHAN	NGES IN SECUI		TCIAL O	WNERSHIP OI	Expires: Estimated burden hou response.	2005 average urs per	
obligations	17(a) of the	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Secti 1940			
(Print or Type Responses)									
1. Name and Address of Report MAIER LOTHAR	ing Person <u>*</u>	2. Issue Symbol	er Name an o	d Ticker o	r Trading	5. Relationship Issuer	of Reporting Per	Person(s) to	
			FACTOR	-	-	(Ch	eck all applicabl	le)	
(Last) (First) 7005 SOUTHFRONT RC	(Middle)		of Earliest T Day/Year) 2017	ransaction		X Director Officer (give below)	ve title 0th below)	% Owner her (specify	
(Street) LIVERMORE, CA 94551			endment, D onth/Day/Yea	-	al	6. Individual or Applicable Line) _X_ Form filed by Form filed by Person	-	erson	
(City) (State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)2. Transaction D (Month/Day/Yea)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	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)	
Reminder: Report on a separate	line for each cl	ass of sec	urities bene	Perse infor requi	ons who res nation con red to resp ays a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Inst

	Derivative Security				(A) orDispose(D)(Instr. 3)and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0	05/26/2017	А		9,000		(1)	(2)	Common Stock	9,000

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
MAIER LOTHAR 7005 SOUTHFRONT ROAD LIVERMORE, CA 94551	Х			
Signatures				
By: Jason Cohen For: Lothar Maier		06/06/2017		
<u>**Signature of Reporting Person</u>		Date		

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).

Restricted Stock Units Vest and become exercisable in 12 equal monthly installments with the vesting dates beginning on June 26, 2017 and ending on May 26, 2018. Settlements of vested units into common stock will occur on the earlier of May 26, 2018 and the date the reporting person ceases to provide service to the Issuer, or thereafter, on the first market trading day in an open trading window under Issuer's insider trading policy if the applicable date is not a market trading day in an open trading window.

If the reporting person ceases to provide services to the Issuer for any reason, all Restricted Stock Units that have not yet vested shall be
 (2) forfeited without consideration except as provided in our Equity Grant Policy for Outside Directors and any other agreements between the reporting person and Issuer, regarding award vesting and exercisability.

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.