Edgar Filing: Hover-Smoot Scott - Form 4

Hover-Smoot	Scott										
Form 4											
January 31, 2	018										
FORM	4								OMB AF	PROVAL	
		SECURITIES AND EXCHANGE COM Washington, D.C. 20549					OMB Number:	3235-0287			
Check this if no longe									Expires:	January 31,	
subject to	STAT	EMENT (OF CHAN	F CHANGES IN BENEFICIAL OWNE					Estimated a	2005 verage	
Section 16				SECUR	ITIES			burden hour	s per		
Form 4 or Form 5		annon ant to	Section 14	$(a) = \mathbf{f} \mathbf{t} \mathbf{h}$	- Cooverit	ion F	vohonco	A at of 1024	response	0.5	
obligation	^s Section 1							Act of 1934, 1935 or Section			
may conti See Instru	nue.) of the Inv	•	•	· ·					
1(b).	cuon	(,		I	<i>.</i>					
(Print or Type R	esponses)										
1. Name and Ad	dress of Reporti	ing Person *	2 Issuer	Name and	Ticker or '	Tradir	NG	5. Relationship of F	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person <u>*</u> Hover-Smoot Scott			Symbol	Log				Issuer		(-)	
			-	INC [XI	LNX]						
(Last)	(First)	(Middle)	3. Date of	- Earliest Tra	ansaction			(Check	all applicable)	
				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner			
				01/30/2018 —				Officer (give titleOther (specify below)			
DRIVE								· · · · · · · · · · · · · · · · · · ·	eneral Counse	l	
(Street)			4. If Amer					6. Individual or Joint/Group Filing(Check Applicable Line)			
								X Form filed by Or Form filed by Mo			
SAN JOSE,	CA 95124							Person	ie than one Rej	Johning	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction	Date 2A. Do	eemed	3.	4. Securi	ties A	cquired (A	A) 5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y		tion Date, if	on Date, if Transaction Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)		any (Mont)	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Beneficially Owned		Beneficial Ownership	
		(mont	ii/Duy/10ul)	(1150.0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I) (I (1)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
XLNX				Code V	Amount	(D)	Price	,,			
COMMON	01/30/2018			S	4,300	D	\$	37,569	D		
STOCK	0112012010			5	(1) (2)	D	71.719	9 57,505	D		

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	
				Code V	· (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

H 21 Sz S

> /s H

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Iover-Smoot Scott 100 ALL PROGRAMMABLE DRIVE AN JOSE, CA 95124			SVP General Counsel				
Signatures							
s/ Steven C. Madrigal, Attorney-in-fact for Iover-Smoot	r Scott		01/30/2018				

**Signature of Reporting Person

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) Price represents weighted average for sales reported. The range of prices for the sales reported is \$71.62 - \$71.83
- The reporting person will provide upon request by the commission staff, the issuer or a security holder of the issuer, full information (2) regarding the number of shares sold at each separate price.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

Date