Edgar Filing: JOHNSON JULIA L - Form 4

| Form 4 | | | | | | | | | | |
|---|---|---|--|--------------|-----------|--------------------------------|--|---|-----------|--|
| September 1 | А | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES SECUI Wa | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 o | IENT OF CHAN | F CHANGES IN BENEFICIAL OWNI SECURITIES | | | | | Expires: Estimated a burden hour response | • | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(a | suant to Section 1 a) of the Public U 30(h) of the Ir | tility Hold | ding Com | ipany | Act of | 1935 or Section | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| JOHNSON JULIA L Syn | | | ssuer Name and Ticker or Trading ool STEC INC [MTZ] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | fiddle) 3. Date o | 3. Date of Earliest Transaction (Check | | | | k all applicable) | | | |
| (Month/Da 5169 LATROBE DRIVE 09/14/20 (Street) 4. If Amen | | | onth/Day/Year) /14/2011 f Amendment, Date Original ed(Month/Day/Year) | | | | XDirector10% Owner Officer (give titleOther (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| | | | | | | | | | | |
| (City) | (State) | (Zip) Tab | le I - Non-D | Derivative S | Securi | ities Acqu | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 09/14/2011 | | М | 45,000 | А | \$ 5.775 | 86,416 | D | | |
| Common Stock | 09/14/2011 | | S | 45,000 | D | \$ 20 | 41,416 | 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. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour Underlying Securit (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|--|---------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Sh |
| Non-Qualified Stock Option (right to buy) | \$ 5.775 | 09/14/2011 | | М | 45,000 | <u>(1)</u> | 02/06/2012 | Common Stock | 45,(|

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| JOHNSON JULIA L 5169 LATROBE DRIVE WINDERMERE, FL 34786 | Х | | | | | | | |
| Signatures | | | | | | | | |
| By: s/ Alberto de Cardenas For Johnson | 0 | 09/15/2011 | | | | | | |
| <u>**</u> Signature of Reporting | 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).

(1) The options vested in equal installments on February 6th of 2003, 2004, and 2005.

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.