Edgar Filing: FORMFACTOR INC - Form 4

FORMFACT	OR INC										
Form 4	l.										
May 27, 2014										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIA SECURITIES							Expires:	January 31, 2005			
										Estimated average burden hours per	
Form 4 or Form 5								response	0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
ROGAS EDWARD JR Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				MFACTOR INC [FORM]				(Check all applicable)			
				of Earliest Transaction /Day/Year) /2014				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
LIVERMOR	E, CA 94551								Aore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			SecuritiesIBeneficially0OwnedIFollowing0ReportedTransaction(s)	5. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	05/22/2014			Code V M	Amount 6,000 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 26,000	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. Transactic Code (Instr. 8)	5. Number on f Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	05/22/2014		М	6,000) (2)	(3)	Common Stock	6,000	\$

Reporting Owners

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
ROGAS EDWARD JR 7005 SOUTHFRONT ROAD LIVERMORE, CA 94551	Х				
Signatures					
By: /s/ Stuart L Merkadeau, At Rogas, Jr.	05/27/2014				
<u>**</u> Signature of	Date				

Relationships

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).
- Represents vested shares of common stock issued pursuant to the conversion of 100% of the restricted stock units granted on May 22, (1)2013.
- The Restricted Stock Units vested and became exercisable in 12 equal monthly installments. Vest dates began June 22, 2013 and ended (2) May 22, 2014. Settlement of vested Units into common stock occurred on May 22, 2014.
- (3) The restricted stock units released were settled in shares of common stock and were immediately cancelled upon settlement.

Remarks:

THE CONFIRMING STATEMENT GRANTING THE ATTORNEY-IN-FACT THE AUTHORITY TO EXECUTE AND FI

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.