Edgar Filing: MAHONEY DAVID L - Form 4

| MAHONEY | DAVID L | | | | | | | | | | |
|--|-----------------------------------|----------------------|---------------------------------|---|------------------------------------|------------|------------------------------------|--|--|---------------------|--|
| Form 4 | h | | | | | | | | | | |
| May 13, 2009 | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer | | | | ~~~~ | | ~~ | | | Expires: | January 31, 2005 | |
| subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | NERSHIP OF | Estimated average burden hours per | | | | |
| Form 4 or | Form 4 or | | | | | | | response | • | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | ¹⁸ Section 1 | 7(a) of the | Public Ut | ility Hold | | pany | Act of | e Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| MAHONEY DAVID L Symbol | | | Symbol | 2. Issuer Name and Ticker or Trading ymbol YMANTEC CORP [SYMC] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | | | | ansaction | - | | (Check all applicable) | | | | |
| | | | | (Month/Day/Year) 05/11/2009 | | | | X_ Director 10% Owner Officer (give titleOther (specify below)below) | | | |
| (Street) 4. If Amendmer Filed(Month/Day | | | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CUPERTIN | O, CA 95014 | | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative S | ecurit | ies Acq | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executio any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | on(A) or Di (D) (Instr. 3, 4 | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 05/11/2009 | | | А | 11,749 | А | \$0 | 64,465 | 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)

| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|--|--|--------------------|---|--|--------------------------------------|--|
| | | | | Code V | 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MAHONEY DAVID L 20330 STEVENS CREEK BOULEVARD CUPERTINO, CA 95014 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Greg King, as attorney-in-fact for David Mahoney | L. | 05/13/2009 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Evaluation of Responses: | | | | | | | |

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).

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.