#### Edgar Filing: FORMFACTOR INC - Form 3

#### FORMFACTOR INC

Form 3

August 07, 2015

### FORM 3

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 Responses)

1. Name and Address of Reporting Person \*

STEVEN-WAISS KELLEY

(Last)

(First)

(Middle)

08/05/2015

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

FORMFACTOR INC [FORM]

FORMFACTOR, INC, 7005 SOUTHFRONT ROAD

(Street)

Statement

(Month/Day/Year)

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

\_X\_ Director Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

LIVERMORE, Â CAÂ 94577

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

Beneficially Owned (Instr. 4)

2. Amount of Securities

Ownership

Form:

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

Conversion or Exercise Price of Derivative

4.

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

**Expiration Title** Date

Amount or Number of Shares

Security Direct (D) or Indirect (I)

						(Instr. 5)	
Non-Qualified Stock Option (right to buy)	(1)	(2)	Common Stock	6,000	\$ 6.93	D	Â
Restricted Stock Units	(3)	(4)	Common Stock	9,000	\$ 0	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other	
STEVEN-WAISS KELLEY FORMFACTOR, INC	^	^	^	^	
7005 SOUTHFRONT ROAD	ÂΧ	Â	A	A	
LIVERMORE Â CAÂ 94577					

### **Signatures**

By: Michael Ludwig For: Kelley Steven-Waiss 08/07/2015

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 Stock Option is granted pursuant to the Issuer's 2012 Equity Incentive Plan and vests over 3 years.
- If the reporting person's employment is terminated for any reason before an applicable vesting date, all options and/or restricted stock units that have not yet vested shall be forfeited without consideration, except as provided in the change of control severance agreement and any other agreements regarding award vesting and exercisability between the reporting person and Issuer, which agreements or form agreements are filed with the SEC.
- (3) Restricted Stock Units vest monthly over 3 years.
- 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 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.

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#### Remarks:

### THEÂ ATTACHEDÂ CONFIRMINGÂ STATEMENTÂ GRANTINGÂ THEÂ ATTORNEY-IN-FACTÂ THEÂ AUTHORI

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.

Reporting Owners 2