Edgar Filing: FORMFACTOR INC - Form 4/A

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FORMFACT Form 4/A												
FORM 4/A June 23, 2010 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5					
(Print or Type R	esponses)											
WAGNER HARVEY A Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				of Earliest Transaction /Day/Year) 2010				(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Director below)				
				ndment, Date Original nth/Day/Year) 010				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	Person quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executi any		3. Transactic Code (Instr. 8)	4. Securi	ties l (A) o l of (D	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	·	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	06/01/2010(1)			M	6,000 (2)	A	\$ 0	12,000	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	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	06/01/2010 <u>(1)</u>		М	6,000	(3)	(4)	Common Stock	6,000	\$

Reporting Owners

Reporting Owner Name / Address		Kelationsi			
L O	Director	10% Owner	Officer	Other	
WAGNER HARVEY A 7005 SOUTHFRONT ROAD LIVERMORE, CA 94551	Х				
Signatures					
By: \s\ Stuart L Merkadeau, At Wagner	torney-in	-Fact For: H	arvey A.		06/23/2010
<u>**Signature of</u>	Date				

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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 transaction date has been corrected from May 31, 2010 to June 1, 2010
- Represents vested shares of common stock issued pursuant to the restricted stock units granted on May 20, 2009. (2)

Restricted Stock Units vest in 12 equal monthly installments with the vesting dates beginning June 30, 2009 and ending May 31, 2010. Settlement of vested Units into common stock will occur on the earlier of May 31, 2010 or the date the reporting person's engagement

- (3) with Issuer is terminated or thereafter, on the first market trading day in an open trading window under Issuer's insider trading policy if the applicable date is not a market trading day in an open trading window.
- These restricted stock units vested on May 31, 2010, were settled in shares of common stock, and were immediately cancelled upon (4) 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.

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