Edgar Filing: LAM RESEARCH CORP - Form 4

| LAM RESEA | ARCH CORP | | | | | | | | | |
|--|--------------------------------------|---------------------|---|---|--|--------|---|--|--|--------------------------|
| Form 4 | | | | | | | | | | |
| January 15, 2 | 2014 | | | | | | | | | |
| FORM | 14 LINITE | о стате | SECUE | TTIES / | | СПА | NCEC | COMMISSION | | PROVAL |
| | UNITE | DSIALE | | | , D.C. 20 | | NGE C | 201011011551011 | OMB Number: | 3235-0287 |
| Check this box if no longer subject to Section 16. Form 4 or | | | | CHANGES IN BENEFICIAL OWN SECURITIES | | | | NERSHIP OF | Expires: Estimated a burden hour | rs per |
| Form 5 obligation may cont See Instru 1(b). | Filed p ns Section 17 | 7(a) of the | | ility Hol | ding Cor | npany | Act of | e Act of 1934, f 1935 or Section 40 | response | 0.5 |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and A Saraswat Kr | ddress of Reportin | ng Person <u>*</u> | Symbol | | d Ticker or CH CORI | | - | 5. Relationship of Issuer | | |
| | (First) RESEARCH TION, 4650 CU | (Middle) JSHING | 3. Date of (Month/D 01/13/20 | ay/Year) | ransaction | | | (Chec X_ Director Officer (give below) | |) Owner r (specify |
| (Street) 4. If Ame | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| FREMONT | , CA 94538 | | | | | | | | fore than One Re | |
| (City) | (State) | (Zip) | Tabl | e I - Non-J | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | med on Date, if Day/Year) | Code (Instr. 8) | 4. Securi ior(A) or D (Instr. 3, | ispose | d of (D) | 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 | 01/13/2014 | | | S | 2,000 (1) | D | \$ 55.07 | 18,896 <u>(2)</u> | 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, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Other

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|---------|--|--|
| | Director | 10% Owner | Officer | | |
| Saraswat Krishna C/O LAM RESEARCH CORPORATION 4650 CUSHING PARKWAY FREMONT, CA 94538 | Х | | | | |
| Signatures | | | | | |
| Aaron Beckman by Power of Attorney | 01/15/20 |)14 | | | |
| <u>**</u> Signature of Reporting Person | 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) Shares sold pursuant to 10b5-1 Trading Plan.
- (2) Amount reported includes shares subject to unvested Restricted Stock Units.

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.