KULICKE & SOFFA INDUSTRIES INC Form 3 February 18, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

| 1. Name and Ad Person <u>*</u> Kong Pete | • | orting | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol KULICKE & SOFFA INDUSTRIES INC [KLIC] | | | | | | | |
|--|-----------------|----------|---|--|--|--|--|--|---|--|--|--|
| (Last) | (First) | (Middle) | 02/17/2014 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | | |
| 1005 VIRGI | NIA DRIV | E | | (Chaok all appliashla) | | | | | | | | |
| FORT WASHING7 | (Street) | À 19034 | | | (Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer</u> 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 | | | | | |
| (City) | (State) | (Zip) | T | able I - N | on-Derivati | ive Securiti | es Be | s Beneficially Owned | | | | |
| 1.Title of Secur (Instr. 4) | ity | | В | Amount of eneficially (nstr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | rship | irect Beneficial | | | |
| 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 (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Deriv (Instr. 4) | vative Security | Expir | te Exercisable and ation Date Day/Year) | Securitie | and Amount of es Underlying ve Security | 4. Conversio or Exercis Price of | se Fo | wnership orm of erivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|--------------------|------|---------|----------|--|--|--|--|
| | Director 10% Owner | | Officer | Other | | | | |
| Kong Peter T M 1005 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 | ÂX | Â | Â | Â | | | | |
| Signatures | | | | | | | | |
| Susan L. Waters, Attorney-in-Fact for P Kong | eter Tat- | Ming | 02 | /18/2014 | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| Evaluation of Responses: | | | | | | | | |

Explanation of Responses:

No securities are beneficially owned

* 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).

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.