## Edgar Filing: MAXIM INTEGRATED PRODUCTS INC - Form 4

MAXIM INTEGRATED PRODUCTS INC Form 4 December 05, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549										OMB Number:	3235-0287	
Check this if no longe										Expires:	January 31, 2005	
subject to Section 16 Form 4 or	<b>51A1EM</b> 5.	GES IN BENEFICIAL OW. SECURITIES				2 OW	NERSHIP OF	Estimated a burden hou response	verage			
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)											
MEDLIN EDWIN Symbol MAX			Symbol MAXIM	Issuer Name <b>and</b> Ticker or Trading bol XIM INTEGRATED ODUCTS INC [MXIM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Leet)							l		Dimeter	100	0	
(Mon			Month/Da	Date of Earliest Transaction Ionth/Day/Year) 2/03/2013					Director X Officer (give below) VP, C		Owner er (specify l	
(Street) 4. If A			. If Amen	If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mont SAN JOSE, CA 95134				th/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (	Zip)	Table	I - Non-	De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transact Code (Instr. 8)	tior )	4. Securiti (A) or Dis (D) (Instr. 3, 4 Amount	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	12/03/2013			A		10,436 (1)	A	\$ 0	43,585 <u>(2)</u> <u>(3)</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 2. 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amour 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date Underlying Securit Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4) (Month/Day/Year) (Instr. 3) Price of (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amo Expiration Date or Title Exercisable Date Num of Sh Code V (A) (D) Non-Oualified Common (4) 12/03/2020 Stock Option \$28.44 12/03/2013 Α 25,660 25,0 Stock (right to buy)

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Relationships Officer VP, General Counsel	Other				
MEDLIN EDWIN 160 RIO ROBLES SAN JOSE, CA 95134			VP, General Counsel					
Signatures								
BY MARK CASPER FOR ED MEDLIN	WIN	1	12/05/2013					
**Signature of Reporting Person	n		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) Represents Restricted Stock Units that vest over eight quarters with the first vesting on February 15, 2014, subject to the individual's continuous status as an employee through such dates.
- (2) Represents unvested Restricted Stock Units and Common Stock.
- (3) Includes 560 shares of Common Stock acquired under an Employee Stock Purchase Plan on November 22, 2013.
- (4) Non-Qualified Stock Options that vest over twelve quarters with the first vesting on February 15, 2015, subject to the individual's continuous status as an employee through such dates.

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.