Edgar Filing: MAXIM INTEGRATED PRODUCTS INC - Form 4

MAXIM INTEGRATED PRODUCTS INC Form 4 September 03, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION											OMB APPROVAL		
Washington, D.C. 20549										OMB Number:	3235-0287		
	Check this box if no longer									Expires:	January 31, 2005		
subject to Section 16 Form 4 or	subject to Section 16. SECURITIES Form 4 or									Estimated a burden hou response	average rs per		
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)												
1. Name and Ad YAMASAK	Symbol			icker or T	Fradin	g	5. Relationship of Reporting Person(s) to Issuer						
MAXIM INTEGR PRODUCTS INC]		(Check all applicable)				
(Last) (First) (Middle) 3. Date of 160 RIO ROBLES 09/01/20					Fran	isaction			Director 10% Owner X Officer (give title Other (specify below) below) VP, HUMAN RESOURCES				
(Street) 4. If Amen Filed(Mont						Original			6. Individual or Joint/Group Filing(Check Applicable Line)				
SAN JOSE, CA 95134 Form filed by Or Person											ne Reporting Person ore than One Reporting		
(City)	(State)	(Zip)	Table	I - Non-l	Dei	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	Code (Instr. 8)	tior)	4. Securities mAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/01/2015			А		7,100 (1)	A	\$0	68,269 <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 Derivative2.Conversion securityConversion or Exercise(Instr. 3)Price of Derivative Security			saction Date /Day/Year)	3A. Deemed Execution D any (Month/Day/	ate, if	4. Transact Code (Instr. 8)			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
Performance Shares	\$ 0	09/0	01/2015			А	10,35 (<u>3)</u>	2	(4)	(4)	Common Stock	10,352
Reporting Owners												
Reporting Owr	ner Name / Ad	ldress			Rela	tionships						
Reporting Owner Manie / A			Director 1	0% Owner	Officer				Other			
YAMASAKI STEVEN T 160 RIO ROBLES SAN JOSE, CA 95134					VP, HUMAN RESOURCES							

Edgar Filing: MAXIM INTEGRATED PRODUCTS INC - Form 4

Signatures

BY MARK CASPER FOR STEVEN YAMASAKI

**Signature of Reporting Person

09/03/2015 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 four quarters on February 15, 2019, May 15, 2019, August 15, 2019, and November 15, 2019, subject to the individual's continuous status as an employee through such dates.
- (2) Represents unvested Restricted Stock Units and Common Stock.
- (3) Represents the target number of Performance Shares that will be earned, if at all,based on the achievement of certain pre-established performance goals. Each Performance Share Unit represents a contingent right to receive one share of MXIM common stock.
- (4) Vesting of the Performance Share Units will be on 8/15/2019.

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.