#### Edgar Filing: MAXIM INTEGRATED PRODUCTS INC - Form 3

MAXIM INTEGRATED PRODUCTS INC Form 3 August 30, 2016 FORM 3 UNITED STATES SECU Wa

# **13** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### 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 Ac Person <u>*</u> Accardi T		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol MAXIM INTEGRATED PRODUCTS INC [MXIM]							
(Last)	(First)	(Middle)	08/19/2016	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
160 RIO RO SAN JOSE,	(Street)	134		(Check X_ Director Officer (give title below	Other	Owner	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)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned				
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	1				
No Securities	s Owned		0		D	Â					
Reminder: Repo owned directly o	-		ach class of securities benefic	ially S	EC 1473 (7-02	)					
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security: Security Direct (D) or Indirect		

OMB APPROVAL

Estimated average burden hours per

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Number:

Expires:

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Shares

(I) (Instr. 5)

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Accardi Tracy ÂX Â Â Â 160 RIO ROBLES SAN JOSE, CAÂ 95134 Signatures BY MARK CASPER FOR TRACY 08/30/2016 ACCARDI \*\*Signature of Reporting Person Date

### **Explanation of Responses:**

\* 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.