Edgar Filing: XILINX INC - Form 4

VII DIV DIC

XILINX INC											
Form 4											
September 30	, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL	
Wasl				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549			OMMISSION	OMB Number:	ar: 3235-0287		
Check this box if no longer									Expires:	January 31,	
subject to Section 16	SIAI	STATEMENT OF CHANGES IN B SECURI					IN BENEFICIAL OWNERSHIP OF URITIES			2005 average rs per	
Form 4 or Form 5	Filed	nurquant to	Saction 16	(a) of the	Soouriti		ahanaa	A at of 1024	response	0.5	
obligations	Section	-					-	Act of 1934, 1935 or Section	h		
may contir See Instruc	iue.) of the Inv	•	.	· ·			1		
1(b).		()	,		- - J						
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to											
1. Name and Address of Reporting Person *2. IssuerHover-Smoot ScottSymbol				er Name and Ticker or Trading				Issuer			
			-	JNX INC [XLNX]							
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check	eck all applicable)			
				onth/Day/Year)				Director 10% Owner			
			9/29/2014				Officer (give title Other (specify below) below)				
								SVP General Counsel			
			4. If Amen	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			ed(Month/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting				
SAN JOSE, O	CA 95124							Person		1 0	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ties Acqu	ired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction	n Date 2A. De	eemed	3.	4. Securi	ities A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date,							Securities	Ownership	Indirect	
(Instr. 3) any (Month/I			Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)				5)	Beneficially Owned	Form: Direct (D)	Beneficial) Ownership	
		((Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Cada V	Amount	or	Durias	(Instr. 3 and 4)	(1130.4)		
XLNX				Code V	Amount	(D)	Price				
COMMON	09/29/2014	<u>1(1)</u>		S	2,000	D	\$	19,736	D		
STOCK							42.68				

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)

Edgar Filing: XILINX INC - Form 4

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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		

Reporting Owners

Reporting Owner Name / Addı	ress	Relationships							
	Director	10% Owner	Officer	Other					
Hover-Smoot Scott 2100 LOGIC DRIVE SAN JOSE, CA 95124			SVP General Counsel						
Signatures									
Scott Hover-Smoot	09/29/2014								

<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) Acquisition/Disposition of Derivative and/or Non-Derivative securities is pursuant to a 10b5-1 Plan.

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.