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MAXIM INTEGRATED PRODUCTS INC Form 4 Sontember 04, 2008

September 04	, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	Washington, D.C. 20549								OMB Number:	3235-0	287	
Check this if no longe	. *									January	² 31,	
subject to Section 16 Form 4 or	51A11 5.	NGES IN BENEFICIAL OWNE SECURITIES				NERSHIP OF	Estimated a burden hou response	average Irs per	0.5			
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)											
Grady Robert Edward Symbol MAXIM				r Name and Ticker or Trading /I INTEGRATED JCTS INC [MXIM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	, , , ,					X_ Director 10% Owner Officer (give title Other (specify					
	1 INTEGRAT , 120 SAN GA		(Month/Da 09/02/20	-				below)	below)	er (speeny		
					ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SUNNYVAI	LE, CA 94086								More than One Ro			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	rrity (Month/Day/Year) Execution Date, if			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesHBeneficially(OwnedH	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	1	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	09/02/2008			А	2,000 (1)	А	\$0	2,000	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) Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amo Date Expiration or Title Exercisable Date Num of Sh Code V (A) (D) Non-Oualified Common (2) Stock Option 09/02/2015 \$20.74 09/02/2008 Α 48,000 48,0 Stock (right to buy)

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Grady Robert Edward C/O MAXIM INTEGRATED PRODUCTS 120 SAN GABRIEL DRIVE SUNNYVALE, CA 94086	х							
Signatures								
By: Mark Casper For: Robert E. Grady	09/04/200							
**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) Represents 2,000 Restricted Stock Units that vest in equal installments over eight quarters with the first vesting on 11/15/2008, subject to the individual's continuous status as an employee, director or consultant through those dates.
- (2) Stock Options vest in equal installments over 16 quarters with the first vesting on 11/5/2008, subject to the individual's continuous status as an employee, director or consultant 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.

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