

XILINX INC  
Form 3  
May 18, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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 Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â GLASER STEVEN L		(Month/Day/Year)	XILINX INC [XLNX]	
(Last)	(First)	(Middle)	05/09/2012	
2100 LOGIC DRIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN JOSE,Â CAÂ 95124			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Sr. Vice President	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
XLNX COMMON STOCK	2,207	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
NQSO (Right to Buy)	02/10/2012 <sup>(1)</sup>	02/10/2018	XLNX COMMON STOCK	45,000	\$ 33.42	D	Â
Restricted Stock Unit <u>(2)</u>	02/10/2012 <sup>(3)</sup>	02/10/2015	XLNX COMMON STOCK	3,750	\$ 0	D	Â
Restricted Stock Unit <u>(2)</u>	01/10/2013 <sup>(3)</sup>	01/10/2016	XLNX COMMON STOCK	2,000	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GLASER STEVEN L 2100 LOGIC DRIVE SAN JOSE, CA 95124	Â	Â	Â Sr. Vice President	Â

## Signatures

Steven L. Glaser                      05/18/2012

    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).

Subject to the continued employment of the reporting person through the applicable vesting date, this option is 25% exercisable after 1  
(1) year from the date of grant with 36 substantially equal monthly installments following the 1 year vesting anniversary. Total vesting period is over four years.

(2) Each restricted stock unit represents a contingent right to receive one share of XLNX common stock.

Subject to the continued employment of the reporting person through the applicable vesting date, the restricted stock units will vest in  
(3) equal installments and be settled on each of the first four anniversaries of the date of grant through the expiration date indicated. Date Exercisable refers to the initial grant vesting date.

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.