Edgar Filing: AEHR TEST SYSTEMS - Form 4/A

AEHR TEST	SYSTEMS										
Form 4/A											
July 20, 2015	5										
FORM	4					~~~				PPROVAL	
	UNITE	ED STATE		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long									Expires:	January 31,	
subject to		EMENT O	F CHAN				LOW	NERSHIP OF	Estimated a	2005 average	
Section 1	6.			SECUR	ITIES				burden hou		
Form 4 or Form 5			Casting 14	$(\cdot, \cdot) = f \cdot f$. C	·	1	- A - + - £ 1024	response	0.5	
obligation	10	•					C C	ge Act of 1934,	n		
may conti	inue.) of the In	•	•	· ·		f 1935 or Section	11		
See Instru 1(b).	iction	50(II) of the m	vestillent	Compan	y Aci	. 01 1 /-	10			
1(0).											
(Print or Type R	Responses)										
				2. Issuer Name and Ticker or Trading Symbol AEHR TEST SYSTEMS [AEHR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			•								
			AEHR								
(Last)	(First)	(Middle)		Earliest Tr	ansaction						
	TECT OVOTE	EME 400	(Month/D	-				Director X Officer (give		b Owner er (specify	
C/O AEHR TEST SYSTEMS, 400 KATO TERRACE			06/29/2015					below)	below)		
MIIO ILK	MICL							VP OI	F MARKETIN	G	
(Street)				4. If Amendment, Date Original				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
				Filed(Month/Day/Year)							
FREMONT,	CA 94539		06/30/20)15					fore than One Re		
TREMOTOR,	, en 94559							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security	2. Transaction (Month/Day/Ye			3. Transactio	4. Securi on(A) or D		-	5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)		any	Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial			
		(Month	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported	((
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	06/29/2015			М	7,000	А	\$ 1 95	102,948 (1)	I	By Trust	

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 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. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab 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
Incentive Stock Option (right to buy)	\$ 1.95	06/29/2015		М	7,000	07/29/2010 <u>(2)</u>	06/29/2015	Common Stock	7,000

Edgar Filing: AEHR TEST SYSTEMS - Form 4/A

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
hepot ang o whet i tamo / i tau	Director	10% Owner	Officer	Other				
BUCK CARL N C/O AEHR TEST SYSTEM 400 KATO TERRACE FREMONT, CA 94539	MS		VP OF MARKETING					
Signatures								
Carl N. Buck	07/20/2015							
<u>**</u> Signature of	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) This report on Form 4/A is being filed to correct the Amount of Securities Beneficially Owned Following Reported Transaction(s) as previously reported in Column 5 of Table I.
- (2) One forty-eighth (1/48) of the total number of shares became exercisable on this date and an additional one forty-eighth (1/48) of the total number of shares became exercisable each month thereafter.

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.

Reporting Person