## RHOADS ANN D Form 3 July 26, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

## **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<br>Person <u>*</u><br>RHOADS ANN D |                    |                            | 2. Date of Event Requirin<br>Statement<br>(Month/Day/Year)   | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>IRIDEX CORP [IRIX] |  |          |  |   |  |  |
|---|--------------------|----------------------------|--|--|--|----------|--|---|--|--|
| (Last)  | (First)            | (Middle)                   | 07/18/2017   |  | 4. Relationship of Reporting Person(s) to Issuer   |          |  | 5. If Amendment, Date Original Filed(Month/Day/Year)        |  |  |
| 1212 TERRA BELLA AVENU<br>(Street)<br>MOUNTAIN<br>VIEW, CA 94043    |                    |                            |  | X_ Director<br>Officer   | (Check all applicable)<br><u>X</u> Director<br>Officer<br>(give title below) (specify below) |          | <ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> </ul> |   |  |  |
| (City)  | A 94045<br>(State) | (Zip)                      | Tabla I  | Non-Derivat  | ivo Soouriti   |          | Reporting l  |   |  |  |
| 1.Title of Securi<br>(Instr. 4)                                     | · · ·              |                            |  | of Securities  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5)                   |          | re of Indi<br>ship   | rect Beneficial   |  |  |
| Reminder: Report<br>owned directly o                                | r indirectly.      |                            | ch class of securities benef   | 3.   | EC 1473 (7-02)   | )        |  |   |  |  |
|   | inform<br>require  | ation conta<br>ed to respo | oond to the collection o<br>nined in this form are n<br>nd unless the form dis<br>MB control number. | ot   |  |          |  |   |  |  |
| Ta  | able II - Deri     | ivative Secur              | rities Beneficially Owned  | (e.g., puts, calls,  | warrants, opt  | ions, co | nvertible  | securities)   |  |  |
| 1. Title of Deriv<br>(Instr. 4)                                     | ative Securit      | Expir                      | ration Date Secur  | le and Amount of<br>rities Underlying<br>rative Security<br>. 4)         | 4.<br>Conversio<br>or Exercis<br>Price of  | se For   | nership<br>m of<br>rivative  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |

Date

Exercisable

Expiration

Title

Date

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Derivative

Security

Amount or

Number of

Shares

3235-0104

January 31,

2005

0.5

Expires:

response ...

Estimated average burden hours per

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                              | Relationships |           |         |       |  |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| RHOADS ANN D<br>1212 TERRA BELLA AVENUE<br>MOUNTAIN VIEW, CA 94043 | ÂX            | Â         | Â       | Â     |  |  |  |  |  |
| Signatures   |               |           |         |       |  |  |  |  |  |
| /s/ Nilo De Castro, Attorney-in-Fact<br>Rhoads                     | 07/26/2017    |           |         |       |  |  |  |  |  |
| **Signature of Reporting Person                                    | Date          |           |         |       |  |  |  |  |  |
| Evaluation of Responses:   |               |           |         |       |  |  |  |  |  |

## Explanation of Responses:

No securities are beneficially owned

\* 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.