Edgar Filing: Su Lisa T - Form 4

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Form 4											
December 1									OMB A	PPROVAL	
FORM	UNITED	STATES			AND EXC , D.C. 205		IGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or					BENEFI RITIES	CIAI	L OWN	ERSHIP OF	Expires: Estimated a burden hou response		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	a) of the H	Public U	tility Hol		pany	Act of 1	Act of 1934, 1935 or Section			
(Print or Type)	Responses)										
Su Lisa T S			Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			INC [A	MD]				(Cneck	all applicable	;)	
			Day/Year)				_X_ Director10% Owner _X_ Officer (give titleOther (specify below)below) President & CEO				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
SANTA CL	ARA, CA 95054						-	Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securitie omr Dispose (Instr. 3, 4	d of (Ê and 5) (A)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	12/06/2018			S	125,000 (1)	D	\$ 20.93 (2)	2,182,130 <u>(3)</u>	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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	Amou Under Securi	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Su Lisa T 2485 AUGUSTINE DRIVE SANTA CLARA, CA 95054	Х		President & CEO					
Signatures								

/s/ Lisa T. Su.	12/07/2018
**Cionatura of	Data

*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).
- The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 1, (1) 2017.

Transaction executed in multiple trades at prices ranging from \$20.08 to \$21.38 per share, inclusive. The price reported in column 4 above reflects the weighted average sale price per share. The Reporting Person hereby undertakes to provide the SEC staff, the Issuer or a

- (2) security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- The Reporting Person's Grantor Retained Annuity Trust was terminated on November 30, 2018 and the shares were distributed to the (3) remaindermen.

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.