Edgar Filing: PDF SOLUTIONS INC - Form 4

PDF SOLUT	IONS INC											
Form 4												
June 02, 2014	1											
FORM	1										PPROVAL	
	UNITED) STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this				U	-					Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN					NERSHIP OF	•	2005	
Section 16	-				JRI	TIES				Estimated average burden hours per		
	Form 4 or									response	•	
Form 5	Filed pu	ursuant to	Section 16	6(a) of	the	Securiti	es Ex	chang	ge Act of 1934,			
obligation may conti	Section 17			•		•			f 1935 or Sectio	n		
See Instru 1(b).		30(h)) of the Inv	vestme	nt C	Company	/ Act	of 19	40			
(Print or Type R	esponses)											
BRONSON JOSEPH R Symbo				Issuer Name and Ticker or Trading bol F SOLUTIONS INC [PDFS]					5. Relationship of Reporting Person(s) to Issuer			
				L J				1	(Check all applicable)			
				f Earliest Transaction					V Director	100	Owner	
333 W SAN	CARLOS ST.	SUITE	(Month/Da 06/01/20	•)				X Director Officer (give		o Owner er (specify	
1000	Critelos 51.	, sent	00/01/20	/1-					below)	below)		
1000	(Staget)		4 If A		D-4	- O.::-:1						
(Street) 4. If Amer Filed(Mont				mendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)			
				ionin/Day/Year)					_X_ Form filed by One Reporting Person			
SAN JOSE,	CA 95110								Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecurit	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.		4. Securit			5. Amount of	•	7. Nature of	
Security (Instr. 3)	(Month/Day/Yea		Execution Date, if any		TransactionAcquired (A) or Code Disposed of (D)					Form: Direct	Indirect Beneficial	
(IIIsu: 3)		/Day/Year)	(Instr.	8)	Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported	D) or indirect (I) Instr. 4)	Ownership (Instr. 4)		
							(A)		Transaction(s)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					v		(D)					
Stock	06/01/2014			A <u>(1)</u>		8,138	А	\$0	8,138	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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BRONSON JOSEPH R 333 W. SAN CARLOS ST. SUITE 1000 SAN JOSE, CA 95110	Х							
Signatures								
/s/ Gregory Walker, Attorney-i Bronson		06/02/2014						

**Signature of Reporting Person

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).
- These shares represent an award of restricted stock units granted under the Company's Director Compensation Program. 12.5% of the(1) Total Shares vested every 6 months after the grant date until fully vested, provided that the reporting person continues to serve as a Director on the Board of Directors.

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.

Date