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BULLING Form 4/A March 10,	ER PHILIP W 2009								
FOR						• · · · • · ·	PPROVAL		
_	UNITED		RITIES AND EX ashington, D.C. 20		E COMMISSIO	N OMB Number:	3235-0287		
if no lo		MENT OF CHAI	NGES IN BENEF	Expires:	January 31, 2005				
subject to Section 16. Form 4 or						Estimated burden hou response	urs per		
	iona Pileu pul	(a) of the Public U	16(a) of the Securi Jtility Holding Con nvestment Compa	mpany Act	of 1935 or Secti				
(Print or Type	e Responses)								
BULLINGER PHILIP W S			er Name and Ticker o DRP [NYSE:LSI]	5. Relationship of Reporting Person(s) to Issuer					
(Least)	(Einst)					(Check all applicable)			
(Last) C/O LSI C BARBER	CORPORATION,	(Month/	of Earliest Transaction Day/Year) 2009	Director 10% Owner X Officer (give title Other (specify below) below) EVP					
	(Street)	4. If Am	endment, Date Origin	al	6. Individual or	Joint/Group Fili	ng(Check		
File 03/			onth/Day/Year) 2009	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
MILPITA	S, CA 95035				Person	More than one R	epotting		
(City)	(State)	(Zip) Tak	ole I - Non-Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	3.4. SecuriTransactionAcquiredCodeDisposed(Instr. 8)(Instr. 3,	l (A) or l of (D)	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		(Instr. 3 and 4)				
Reminder: R	eport on a separate line	e for each class of sec	urities beneficially ow	ned directly	or indirectly.				
			· · · · ·	-	spond to the colle	ection of S	SEC 1474		

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onDerivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Se

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						(
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	03/01/2009(3)		M <u>(4)</u>		5	58,333	(2)	(2)	Common Stock	58,333	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BULLINGER PHILIP W C/O LSI CORPORATION 1621 BARBER LANE MILPITAS, CA 95035			EVP				

Signatures

Susan Solner Janjigian, by power of attorney

**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).

03/10/2009

- (1) Each restricted stock unit represents a contingent right to receive one share of LSI common stock.
- (2) The restricted stock units vest in three equal annual installments beginning March 1, 2009. Vested shares will be delivered to the reporting person following each vest date.
- (3) This transaction was the vesting of restricted stock units. The original form also reported the withholding of shares to pay taxes in connection with this vesting event.
- (4) This amendment is being done to correct the transaction code from an A to an M.

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.

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