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February 11,	2019									
FORM									OMB AF	PROVAL
Check this	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number: Expires:	3235-0362 January 31,		
no longer subject Expires: 2005 to Section 16. Expires: 2005 Form 4 or Form Sobligations OWNERSHIP OF SECURITIES Estimated average										
1. Name and Address of Reporting Person <u>*</u> Su Lisa T			-				Relationship of Reporting Person(s) to asuer (Check all applicable)			
(Last)	(First) (M	<i>,</i>	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					title 10% Owner Other (specify below)		
2485 AUGU	JSTINE DRIVE							Pres	ident & CEO	
Filed(Month/Day/Year)					int/Group Reporting k applicable line)					
SANTA CL	ARA, CA 950)54						X_ Form Filed by ()ne Reporting Pe	
							_	Form Filed by N erson		
(City)	(State)	(Zip)	Tabl	e I - Non-Deri	ivative Secu	ırities	P	Form Filed by M	lore than One Re	eporting
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Date (Month/Day/Year)	2A. Deem	ned 1 Date, if	3.	4. Securiti	es Aco posed and 5 (A) or	P Acqui quired of	 Form Filed by Merson red, Disposed of 5. Amount of Securities Beneficially Owned at end 	lore than One Re or Beneficial	eporting ly Owned 7. Nature of
1.Title of Security	2. Transaction Date	2A. Deem Execution any	ned 1 Date, if	3. Transaction Code	4. Securiti (A) or Dis (D) (Instr. 3, 4	es Aco posed and 5 (A) or	P Acqui quired of	Form Filed by Merson red, Disposed of a securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	or Beneficial 6. Ownership Form: Direct (D) or Indirect (I)	porting Iy Owned 7. Nature of Indirect Beneficial Ownership

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Su Lisa T

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. O B O E I S G E I S (I
					(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	ÂX	Â	President & CEO	Â				
Signatures								
/s/Linda Lam by Power of Attorney T. Su	02/11/2019							
**Signature of Reporting Person		D	Date					
Explanation of Responses:								

contration of nesponses.

- 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 Reporting Person's Grantor Retained Annuity Trust (GRAT) was terminated on November 30, 2018, 119,289 shares were distributed (1)to the Reporting Person as the trustee and sole annuitant and the remaining 77,255 shares were distributed to the remainderman.
- Includes the 119,289 shares that were distributed to the Reporting Person as the trustee and sole annuitant upon termination of the (2)Reporting Person's GRAT.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.