FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287				
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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>LUDWIG MICHAEL M</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol FORMFACTOR INC [ FORM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) C/O FORMFACTOR, INC. 2140 RESEARCH DRIVE					06/	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2003									VP of	HR & Fi	below)	er		
(Street) LIVERMORE, CA 94550					_   4. If _	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(\$		(Zip) le I - Nor	n-Deriv	/ative	Se	curities	s Aca	uired. I		osed o	of. or B	enet	ficiall	v Owner	<u> </u>				
1. Title of Security (Instr. 3) 2. Transa Date					saction	action 2/ E: Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Benefici Owned I	unt of 6. C es For ially (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	ount (A) (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06/1					7/200	/2003			P		500	500 A		\$14	500			D		
		٦	able II - I				urities s, warr								Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of		Date Exe xpiration I Month/Day	Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)		ate xercisable		kpiration ate	Title	or Nu of	nount mber ares						
Stock option (right to	\$19.5	08/14/2003			A		5,850		(1)	08	3/14/2013	Commor Stock	5,	850	\$19.5	5,850		D		

## **Explanation of Responses:**

1. Option to vest 1/12th of the total number of shares each month starting on 4/2/07.

## Remarks:

CONFIRMING STATEMENT This statement confirms that the undersigned, Michael M. Ludwig, has authorized and designated Fenwick & West LLP to execute and file on the undersigned's behalf all Forms 3, 4, and 5 (including any amendments thereto) that the undersigned may be required to file with the U.S. Securities and Exchange Commission as a result of the undersigned's ownership of or transactions in securities of FormFactor, Inc. The authority of Fenwick & West LLP under this Statement shall continue until the undersigned is no longer required to file Forms 3, 4, and 5 with regard to the undersigned's ownership of or transactions in securities of FormFactor, Inc., unless earlier revoked in writing. The undersigned acknowledges that Fenwick & West LLP is not assuming any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934. Date: June, 2003 /s/ Michael M. Ludwig

<u>Fenwick & West LLP,</u>
<u>Attorney-in-Fact, by Montu R.</u> 10/22/2003
<u>Bashambu</u>

\*\* Signature of Reporting Person Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.