FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasnington, | D.C. 20549 | |
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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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* Shahar Shai | | | | | 2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM] | | | | | | | | | | k all app Direc | tionship of Report all applicable) Director Officer (give title | | erson(s) to Is 10% O Other (s | vner |
|--|--|-------|---------------|--|---|---|---------------------|----------------------|--|--------|--|---------|--|---|---|---|---|--|--|
| (Last) 7005 SO | (Fi UTHFRON | , , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2024 | | | | | | | | | belov | below) below) CFO, SVP Global Finance | | | poony |
| (Street) LIVERMORE CA 94551 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | nded to | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | Benefic | ially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Executi | | ution [| Date, | | | es Acquired (A) Of (D) (Instr. 3, 4 | | 4 and Securi | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | е | Transa | nsaction(s) str. 3 and 4) | | | (111511. 4) |
| Common Stock 02/07/2 | | | | | 2024 | | | | F | | 727(1) | D | \$38 | 3.12 | 77,626 | | | D | |
| Common | Stock 02/07/202 | | | 2024 | 024 | | | F | | 485(1) | D | \$38 | 3.12 | 12 77,141 ⁽²⁾ | | | D | | |
| | 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) | circuity or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security | | Execut if any | ion Date, Trans Code | | nsaction de (Instr. SA A (A D of | | osed) r. 3, 4 | 6. Date Expirat (Month) | ion Da | te Amo ear) Secu Undo Deriv Secu | | mount of ecurities inderlying lerivative ecurity (Instr. and 4) | | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

- 1. Represents the number of shares withheld upon vesting of restricted stock units to cover tax withholding obligations.
- 2. Includes 412 shares acquired under the Issuer's Employee Stock Purchase Plan as amended and restated on May 19, 2023.

Remarks:

Stan Finkelstein, attorney-infact for Shai Shahar

02/09/2024

** 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.