FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | . OWNERSHIP |
|------------------|------------|---------------|-------------|

| OMB APPRO | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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* MATHEWS PETER B | | | | | | 2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC FORM | | | | | | | | | heck all a Di | all applicable) Director | | g Person(s) to Issuer 10% Owne | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------|------|------------------|---------|----------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------|---------|---------------------|---------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|------------|
| (Last) (First) (Middle) 2140 RESEARCH DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004 | | | | | | | | | | Officer (give title below) Sr VP of Wo | | Other (specify below) rldwide Sales | |
| (Street) LIVERMORE CA 94550 (City) (State) (Zip) | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Lir | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or I | 3ene | eficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | 3. Transaction Code (Instr. 5) 4. Securities A Disposed Of (I 5) | | | | | | nd Sed Ber Ow | mount of urities leficially ned Following lorted | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (111501.4) |
| Common Stock ⁽¹⁾ 10/01/ | | | | | 1/2004 | 2004 | | S | | 2,000 D | | \$ 1 9 | .2 | 2 17,078 | | D | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | / Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8) | | Transa Code (| | | Expiration (Month/D | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | 8. Price e Derivativ Security (Instr. 5) | | O F-6 D (I) | 0. wmership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Pursuant to Rule 10b5-1 Plan.

Remarks:

THE CONFIRMING STATEMENT GRANTING THE ATTORNEY-IN-FACT THE AUTHORITY TO EXECUTE AND FILE THIS FORM 4 HAS BEEN PREVIOUSLY FILED WITH THE U.S. SECURITIES AND EXCHANGE COMMISSION.

By: Stuart L. Merkadeau, Attorney-in-Fact For: Peter B. 10/04/2004 Mathews

** 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.