FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

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] | | | | | | | | (Ch | eck all appointed | olicable) ctor | | Ssuer Owner (specify |
|--|---|--|---|--------|---|---|--------------|--------------------|--|------------|---------|---|-----------------------------------|--|---|-----------------------|---|--|
| (Last) 2140 RES | ast) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2005 | | | | | | | | | ^ belo | , | below orldwide Sale |)`' |
| (Street) LIVERM (City) | | |)4550 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/05/2005 | | | | | | | Lin | e) <mark>X</mark> Forr Forr | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or E | Bene | ficial | ly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (Instr. | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) | or | Price | Transa | action(s) 3 and 4) | | (5 4) |
| Common Stock ⁽¹⁾ 01/03/. | | | | | 3/2005 | /2005 | | S | | 1,700 | D D | | \$27. | 1 | 0 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | Date, | Code (In | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Code V (A) | | | (A) | (D) | Date Exercisa | | Expiration Date | Title | of Shar | | | | | | | | |

Explanation of Responses:

1. Pursuant to Rule 10b5-1 Plan. This amended Form 4 is being filed to eliminate the erroneous reporting of an option exercise for 1,700 shares, and consequently amend the final line of Table I of the initial report to state the correct amount of securities beneficially owned following the reported transactions. This amendment is not reporting the sale of additional shares but is merely correcting the amount of securities beneficially owned following the previously reported transactions.

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. 04/27/2005
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.