FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	20549

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 OMB Number: Estimated average burden hours per response: 0.5

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* HATSUKANO YOSHIKAZU					2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM]										all applic Directo	able)	10% Ow Other (s below) er; Pres. FF K.F		wner
(Last) (First) (Middle) C/O FORMFACTOR, INC. 2140 RESEARCH DRIVE					06	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2003									below) Sr.VP	A-P Ope			ζ.
(Street) LIVERM (City)		A state)	94550 (Zip)		- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X	′					
		Tab	le I - Nor	-Deriv	/ativ	e Se	curities	s Ac	quired, I	Disp	osed o	f, or Be	nefici	ally	Owned				
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)				4 and Securitie Benefici Owned I		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		:e	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 06/1				06/1	7/200	7/2003			P		500	A		14	155	155,500		D	
			Fable II -						uired, Di , option						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution		4. Transa Code (l 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year)		of Securities		ties ng e Securi	D	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Stock option (right to buy)	\$19.5	08/14/2003			A		34,500		(1)	0	8/14/2013	Common Stock	34,50	00	\$19.5	34,500	0	D	
Stock option (right to	\$19.5	08/14/2003			A		10,350		(2)	0	8/14/2013	Common Stock	10,35	50	\$19.5	10,350	0	D	

Explanation of Responses:

- 1. Options to vest 1/12th of the total number of shares each month starting on 12/01/06
- 2. Options to vest 1/12th of the total number of shares each month starting on 12/01/07.

CONFIRMING STATEMENT This statement confirms that the undersigned, Yoshikazu Hatsukano, 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: October , 2003 /s/ Yoshikazu Hatsukano

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

** 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.