FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
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 Add	ress of Reporting L THOMAS	S J	Date of Event Requiring Staten Month/Day/Year 01/03/2006	nent	3. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM]									
(Last) (First) (Middle) 7005 SOUTHFRONT ROAD			11, 03, 2000		Relationship of Reporting Person(s) to (Check all applicable) X Director 10%				5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) LIVERMORE		94551 (Zip)	-			Officer (give title below)	Other (spe below)	cify	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi			4. Convers	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratior Date	n Title	e	Amount or Number of Shares	or Security Number of		Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

No securities are beneficially owned.

By: Stuart L. Merkadeau,

Attorney-in-Fact For: Thomas 01/05/2006

J. Campbell

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).