Instruction 1(b)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to	ST
Section 16. Form 4 or Form 5	
obligations may continue. See	

## TATEMENT 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* <u>LUDWIG MICHAEL M</u>						2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [ FORM ]									k all applic Directo			10% Ov	vner
(Last) 7005 SO	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/06/2015								X	Officer (give title below)		Other (s below) P, CFO		specify
(Street) LIVERM (City)			94551 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	sposed c	of, or B	enefi	cially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Benefici		es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	r Pri	се	Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			05/06	/2015	5			М		15,000	(1) A	,	\$0.0	154	1,391		D	
Common	Stock			05/07	/2015	5			S		7,954(2	() D	\$8	.2831	146,437 D		D		
		-	Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	n Date,		ransaction Code (Instr.		n of		Exerci on Da Day/Ye	Underlying Derivative Sect (Instr. 3 and 4)			Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber					
Restricted Stock	\$0.0	05/06/2015			M			15,000	(3)		(4)	Commor Stock	15,0	000	\$0.0	45,000	)	D	

## **Explanation of Responses:**

- 1. Represents vested shares of common stock issued pursuant to the second conversion of the restricted stock units granted on May 6, 2013.
- 2. Represents vested shares of common stock sold to satisfy certain tax withholding obligations associated with the conversion of the restricted stock units.
- 3. The Restricted Stock Units vest and are exercisable in three annual installments on each May 6 of 2014, 2015, and 2016 (or the first market trading day during an open trading window under the Issuer's insider trading policy thereafter if the applicable vesting date is not on a market trading day during an open trading window).
- 4. The restricted stock units released were settled in shares of common stock and were immediately cancelled upon settlement.

## Remarks:

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

> By: Stuart L Merkadeau For: Michael M Ludwig

05/08/2015

\*\* Signature of Reporting Person

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.