FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	II OMB APPROVAL	
		UMB APPRUVAL

OMB Number: 3235-028 Estimated average burden 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).

## Eiled pursuant to Section 16(a) of the Securities Eychange Act of 1934

motrace	1(5).			1 110							npany Act			-		1			
1. Name and Address of Reporting Person*  MAIER LOTHAR						2. Issuer Name <b>and</b> Ticker or Trading Symbol FORMFACTOR INC [ FORM ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owne				
(Last) (First) (Middle) 7005 SOUTHFRONT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015									Officer below)	(give title		Other (s <sub>l</sub> below)	pecify
(Street) LIVERMORE CA 94551  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line						
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	osed o	f, o	r Bene	eficiall	y Owned				
Date				ate Extended to the long the l			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			ies Form ially (D) o Following (I) (Ir		: Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(	(Instr. 4)	
		-	Гable II -								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date or Exercise (Month/Day/Year) if any		Date, 1	Code (Instr.		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													0						

#### **Explanation of Responses:**

\$0.0

1. Restricted Stock Units vest and become exercisable in 12 equal monthly installments with the vesting dates beginning on June 1, 2015 and ending on May 1, 2016. Settlement of vested Units into common stock will occur on the earlier of May 1, 2016 and the date the reporting person ceases to provide services to the Issuer, or thereafter, on the first market trading day in an open trading window under Issuer's insider trading policy if the applicable date is not a market trading day in an open trading window.

Date

Exercisable

(1)

(D)

10,000

Expiration

(2)

Date

2. If the reporting person ceases to provide services to the Issuer for any reason, all Restricted Stock Units that have not yet vested shall be forfeited without consideration except as provided in our Equity Grant Policy for Outside Directors and any other agreements between the reporting person and Issuer, regarding award vesting and exercisability.

### Remarks:

Restricted

Units

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:

of Shares

10,000

\$0.0

Lothar Maier

Common

Stock

05/05/2015

20,000

D

\*\* 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).

05/01/2015

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.