Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
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* MERKADEAU STUART L						2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM]									5. Relationship of Reporting (Check all applicable) Director Officer (give title			ner pecify	
(Last) (First) (Middle) 7005 SOUTHFRONT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2008									X Officer (give title Officer (specify below) Sr VP General Counsel					
(Street) LIVERMORE CA 94551				4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)						tive Securities Acquired, Disposed of, or Benefic													
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ction	2. E) if	A. Deemed Execution Date, f any Month/Day/Year		3. Transacti Code (Ins	ion i	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or	5. Amou Securitie Benefici Owned F	nt of es ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	, .	Amount	t (A) or (D)		Reported Transact (Instr. 3	ion(s)			Instr. 4)	
		-	Fable II - Do (e						uired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode V		(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$19.36	02/20/2008			A		25,000		(1)	02/	20/2015	Common Stock	25,000	\$0	25,000	0	D		
Restricted Stock	\$0	02/20/2008			A		10,000		(2)		(3)	Common Stock	10,000	\$0	10,000	0	D		

Explanation of Responses:

- 1. The option is exercisable as it vests. The vesting will commence on February 20, 2008 and the option will vest over a period of four years with 25% of the shares subject to the stock option vesting on each 12 month anniversary of the vesting commencement date.
- 2. The Restricted Stock Units vest and are exercisable in four equal annual installments on each February 20 of 2009, 2010, 2011 and 2012.
- 3. If the reporting person's employment is terminated for any reason before an applicable Vesting Date, all of the Restricted Stock Units which have not yet vested shall be forfeited without consideration.

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: /s/ Ira O. Cook, Attorney-

in-Fact For: Stuart L.

02/22/2008

Merkadeau

** 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.