FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MEYERHOFF JENS | | | | | | 2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM] | | | | | | | | | | eck all applic Directo | tionship of Reporting F all applicable) Director | | 10% Ov | vner |
|--|---|--|--|-------|----------|---|---|---|----------|---------------------------------------|-------|---------------------|--|---------------|--|---|--|----------------------|--|---|
| (Last) (First) (Middle) 7005 SOUTHFRONT ROAD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2005 | | | | | | | | | | Officer (give title Other (specify below) Chief Operating Officer | | | |
| (Street) LIVERMORE CA 94551 | | | | | - 4. l | f Ame | endme | nt, Date | of C | Original F | =iled | (Month/Da | Line | X Form f | 1 | | | | | |
| (City) (State) (Zip) Form filed by More Person | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | Tab | le I - No | 1 | | _ | | | cqı | uired, I | Disp | | | | | y Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Ir | | | | | | d (A) or r. 3, 4 and | Benefici Owned I | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Common Stock 05/16/ | | | | | | 2005 | | | М | | 4,500 | | A | \$5.5 | 9,835 | | | D | |
| Common | Stock ⁽¹⁾ | | | 05/1 | 16/200 | 5 | | | | S | | 4,500 | | D | \$25.5 | 7 5, | 335 | | D | |
| | | - | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exer piration I onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da | te ercisable | | expiration Date | Title | | Amount or Number of Shares | | | | | |
| Incentive Stock Option (right to | \$5.5 | 05/16/2005 | | | M | | | 4,500 | 08/ | /17/2000 ⁽ | 2) 0 | 8/17/2010 | Comi | | 4,500 | \$0 | 9,181 | | D | |

Explanation of Responses:

- 1. Pursuant to Rule 10b5-1 Plan.
- 2. The option, which is immediately exercisable, was fully vested on August 7, 2004.

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: Stuart L. Merkadeau, Attorney-in-Fact For: Jens

05/17/2005

Meyerhoff

** 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.