FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 20549	
wasinington,	D.O. 20040	

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	ourden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	e instruction	10.																	
1. Name and Address of Reporting Person* SLESSOR MIKE				2. Issuer Name <b>and</b> Ticker or Trading Symbol FORMFACTOR INC [FORM]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SLESSUR WIKE										-			1	Direc	tor		10% Ov	vner	
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									1	Office below	er (give title		Other (specify below)		
7005 SOUTHFRONT ROAD				11/01/2024									CEO						
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
LIVERN	VERMORE CA 94551												1	Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	tate) (Ž	Zip)											Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			d (A) or r. 3, 4 and	nd 5) Securi Benefi Owned		cially I Following	6. Own Form: I (D) or Indirect	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code V		Am	ount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)				
Common Stock 11/01/2024			4	s 4,000 <sup>(1)</sup> D \$38.8123 <sup>(2)</sup> 526,27		26,276	76 D												
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny onth/Day/Year)		saction e (Instr.	5. Numb of Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)	Expiration (Month/Dates red				Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The reported sale of shares occurred automatically pursuant to a Rule 10b5-1 trading plan adopted on November 20, 2023.
- 2. Price represents the weighted average sale price for the transaction reported. Price range of shares sold is \$38.56 through \$39.19. Reporting person undertakes to provide upon request by the SEC staff or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.

Exercisable

(D)

(A)

## Remarks:

/s/ Stan Finkelstein, Attorney-11/04/2024 in-fact for Mike Slessor

\*\* Signature of Reporting Person

Number

of Shares

Title

Expiration 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).

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.