# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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l	OMB APPRO	VAL			
l	OMB Number:	3235-0287			
l	Estimated average burde	en			
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).

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 ]										ck all applic Directo	able)	g Person(s) to Issuer 10% Owner		vner		
(Last) (First) (Middle) 2140 RESEARCH DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2004										X Officer (give title Other (specify below)  Sr. VP, General Counsel						
(Street) LIVERMORE CA 94550					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Person							
		Tal	ble I - Noi	ո-Deri	ivativ	e Se	curi	ties A	cquir	ed, D	isp	osed o	f, or	Bene	eficially	y Owned						
,, ,			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Tr	3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
												Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common	Stock			11/1	15/200	04				M		12,369		A	\$5.5	19,	751	D				
Common Stock <sup>(1)</sup>				11/3	11/15/2004					S		12,369		D	\$26	7,3	7,382		D			
Common Stock				11/3	1/15/2004					M		631		A	\$14	8,0	)13		D			
Common Stock <sup>(1)</sup>		11/3	15/200	.5/2004				S		631		D	\$26	7,3	,382		D					
			Table II -									sed of, onvertib				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 E if any (Month/Day	l Date,	4. Transa	ransaction ode (Instr.		5. Number 6		6. Date Exercisa Expiration Date (Month/Day/Year		ble and	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		Amount s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owners S Form Direct Or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable		expiration Date	Title		Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$5.5	11/15/2004			M			12,369	08/17	<sup>7</sup> /2000 <sup>(2)</sup>	0	8/17/2010		nmon ock	12,369	\$0	0		D			
Non- Qualified Stock Option (right to	\$14	11/15/2004			M			631	06/11/	./2003 <sup>(3)</sup>	0	6/11/2013		nmon ock	631	\$0	21,72	3	D			

## **Explanation of Responses:**

- 1. Pursuant to Rule 10b5-1 Plan.
- 2. The option, which is immediately exercisable, was fully vested on July 5, 2004.
- 3. The option was fully vested and exercisable upon grant.

### 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: Gail Chin, Attorney-in-Fact 11/17/2004 For: Stuart L. 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.