FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

FREEMAN RICHARD		Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM]						
(Last)	(First)	(Middle)	09/07/2004		Relationship of Reporting Person(s) to Issuer (Check all applicable)		(1)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)	(State)	(Zip)			X Officer (give title below) Sr VP of Open	10% Owne Other (spe below) ations	cify 6	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Expirati (Month/l		2. Date Exerc Expiration Da (Month/Day/\	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversion	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

By: Stuart L. Merkadeau,
Attorney-in-Fact For: Richard 09/09/2004

M. Freeman

** 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 5 (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.