FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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l	OMB APPR	OVAL
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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] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner														
(Last) 7005 SO	(F UTHFRON	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015									below)		RAL	Other (below) COUNSE	·
(Street) LIVERN (City)			94551		4. 1	If Ame	endme	nt, Date (of Origina	al File	d (Month/Da	ay/Year)		6. Indi Line) X	Form fi	led by One	Repo	(Check Aporting Person One Repo	n
(City)	(3		(Zip)	n Doris	/ativ	0 50	ourit	ioc Ao	auirod	Die	enocod o	of or D	nofic	ially	Owned				
1. Title of Security (Instr. 3) 2. Tran		2. Transa	ction	Execution Date,		3. Transaction Code (Instr.		4. Securiti	ecurities Acquired (A) a losed Of (D) (Instr. 3, 4		5. Amou Securitie Benefici Owned I		nt of es ally Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r _{Pric}	e	Reported Transaction(s) (Instr. 3 and 4)				(111501.44)	
Common Stock			05/05	/2015	2015					10,000	1) A	\$	0.0	77,299		D			
Common	Stock			05/06	/2015	5			S		3,820(2) D	\$8	.2511	73	,479 D			
		٦	Table II -								osed of, converti				wned				
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/Da	n Date,		ransaction ode (Instr.		n of		6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amor or Num of Share	ber					
Restricted Stock	\$0.0	05/05/2015			M			10,000	(3)		(4)	Common	10,0	000	\$0.0	36,667	7	D	

Explanation of Responses:

- 1. Represents vested shares of common stock issued pursuant to the first conversion of the restricted stock units granted May 5, 2014.
- 2. Represents vested shares of common stock sold to satisfy certain tax withholding obligations associated with the conversion of the restricted stock units.
- 3. The Restricted Stock Units vest and are exercisable in three annual installments on each May 5 of 2015, 2016, and 2017 (or the first market trading day during an open trading window under the Issuer's insider trading policy thereafter if the applicable vesting date is not on a market trading day during an open trading window).
- 4. The restricted stock units released were settled in shares of common stock and were immediately cancelled upon settlement.

Remarks:

THE ATTACHED CONFIRMING STATEMENT GRANTING THE ATTORNEY-IN-FACT THE AUTHORITY TO EXECUTE AND FILE THIS FORM 4 HAS BEEN FILED WITH THE U.S. SECURITIES AND EXCHANGE COMMISSION.

By: Michael M Ludwig For: 05/07/2015 Stuart L Merkadeau

** Signature of Reporting Person

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.