FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Titinger Jorge</u>						2. Issuer Name and Ticker or Trading Symbol FORMFACTOR INC [FORM]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) 7005 SO	(F UTHFRON		3. Date of Earliest Transaction (Month/Day/Year) 02/20/2008								X Officer (give title Other (specify below) SR VP PRODUCT BUSINESS GROUP							
(Street) LIVERMORE CA 94551 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oily)			le I - Non-D	erivati	ve S	ecuritie	s Ac	quired, D	isposed	d of, c	or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deem Execution if any (Month/Da	Date	Code (In:	ion Dispo					es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	Amou	ınt	(A) or (D)	Price	Reported Transact (Instr. 3	Transaction(s) (Instr. 3 and 4)				
		-	able II - Der e.ç()					uired, Dis , options					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 Date if any (Month/Day/Yea	4. Tran	saction e (Instr.	5. Num	ber ive ies ed ed	6. Date Exer Expiration I (Month/Day/	cisable and	d 7. of Un	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	on Tit	le	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$19.36	02/20/2008		A		35,000		(1)	02/20/20		ommon Stock	35,000	\$0	35,000	0	D		
Restricted Stock Units	\$0	02/20/2008		A		14,000		(2)	(3)		ommon Stock	14,000	\$0	27,650	0	D		

Explanation of Responses:

- 1. The option is exercisable as it vests. The vesting will commence on February 20, 2008 and the option will vest over a period of four years with 25% of the shares subject to the stock option vesting on each 12 month anniversary of the vesting commencement date.
- 2. The Restricted Stock Units vest and are exercisable in four equal annual installments on each February 20 of 2009, 2010, 2011 and 2012.
- 3. If the reporting person's employment is terminated for any reason before an applicable Vesting Date, all of the Restricted Stock Units which have not yet vested shall be forfeited without consideration.

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: /s/ Stuart L Merkadeau, Attorney-in-Fact For: Jorge Luis Titinger

02/22/2008

** 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.