Edgar Filing: INGRAM MICRO INC - Form 4

| INGRAM M | ICRO INC | | | | | | | | | |
|--|--|--|---|---|--------------------|---------|--|--|---|--|
| Form 4 | | | | | | | | | | |
| January 06, 2 | 2015 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | |
| | UNITED S | Washington, D.C. 20549 | | | | | | | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | NGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 3 200 Estimated average burden hours per response 0 | | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | $\frac{18}{1000}$ Section 17(a) | uant to Section 16) of the Public Ut 30(h) of the Inv | ility Hold | ing Com | pany | Act o | of 1935 or Section | | . 0.0 | |
| (Print or Type R | Responses) | | | | | | | | | |
| ATKINS HOWARD I Symbol | | | or Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | (First) (M M MICRO INC., REW PLACE | (Month/D | - | ansaction | | | (Che X_ Director Officer (give below) | | e) 6 Owner er (specify | |
| | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SANTA AN | A, CA 92705 | | | | | | Form filed by Person | | | |
| (City) | (State) (Z | Zip) Table | e I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | 4. Securi onAcquirec Disposec (Instr. 3, Amount | l (A) o l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A | | | | mount | | 1 1100 | | | | |
| Common Stock | 01/02/2015 | | A <u>(1)</u> | 8,413 | А | \$0 | 81,050 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| reporting o wher runne / runress | Director | 10% Owner | Officer | Other | | | | |
| ATKINS HOWARD I C/O INGRAM MICRO INC. 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Larry C. Boyd for Howard I. Atkins | (|)1/06/2015 | | | | | | |
| ** Signature of Reporting Person | | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |

Explanation of nesponses.

- * 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).
- Restricted stock units granted pursuant to the 2011 Equity Incentive Plan to be settled solely by delivery of an equal amount of shares of (1) Ingram Micro Inc. Class A Common Stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.