

CARLSON JASON
Form 4
November 13, 2017

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
CARLSON JASON

(Last) (First) (Middle)
25 FRONTAGE RD.
(Street)
ANDOVER, MA 01810
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
VICOR CORP [vicr]

3. Date of Earliest Transaction
(Month/Day/Year)
11/10/2017

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V Amount (A) or (D) Price			
Common Stock	11/10/2017		M	4,494 A \$ 6.29	4,494	D	
Common Stock	11/10/2017		S	4,494 D \$ 21.1711	0	D	
Common Stock	11/10/2017		M	2,249 A \$ 5.67	2,249	D	
Common Stock	11/10/2017		S	2,249 D \$ 21.1711	0	D	
Common Stock	11/10/2017		M	2,019 A \$ 8.05	2,019	D	
	11/10/2017		S	2,019 D	0	D	

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Common Stock \$ 21.1711

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Non Qualified Stock Option	\$ 6.29	11/10/2017		M	4,494	⁽¹⁾ 06/17/2023	Common Stock	4,494
Non Qualified Stock Option	\$ 5.67	11/10/2017		M	2,249	⁽²⁾ 06/21/2023	Common Stock	2,249
Non Qualified Stock Option	\$ 8.05	11/10/2017		M	2,019	⁽³⁾ 06/20/2024	Common Stock	2,019

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CARLSON JASON 25 FRONTAGE RD. ANDOVER, MA 01810	X			

Signatures

/s/Kemble D. Morrison Attorney in Fact for Jason
Carlson

11/13/2017

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Granted on 6/17/2013 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan, vesting over a five year period.
- (2) Granted on 6/21/2013 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan, vesting over a five year period.
- (3) Granted on 6/20/2014 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan, vesting over a five year period.

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.