Edgar Filing: SRINIVASAN SAM - Form 4

SRINIVAS A	AN SAM										
Form 4											
May 30, 201	8										
FORM									OMB AF	PROVAL	
	UNITI	ED STATE			AND EX , D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box				.					Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				ERSHIP OF	•	2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 o	or									response 0.5	
Form 5	Filed	pursuant to	Section 1	6(a) of the	ne Securit	ies E	xchang	e Act of 1934,			
obligation may cont		17(a) of the	Public U	tility Hol	ding Con	npany	y Act of	1935 or Section	1		
See Instru		30(h) of the In	vestment	t Compan	y Ac	t of 194	0			
1(b).											
(Print or Type I	Responses)										
1 Nome and A	ddraag of Donor	ting Damon *						5 Deletionship of	Donorting Dore	an(a) to	
SRINIVASAN SAM Symbol				uer Name and Ticker or Trading l I Corp [IPHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of								
				Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	KER HILL LA	NE, STE	05/25/2	018				below)	below)	er (specify	
300											
	(Street)		4. If Ame	ndment, D	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
Filed(Mon				onth/Day/Year)				Applicable Line)			
~		~ ~ .						_X_ Form filed by C Form filed by M			
SANTA CL	ARA, CA 950	054						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct		
(Instr. 3)		any (Month	Code (Instr. 3, 4 and 5) $(Part/Vacr)$ (Instr. 9)				5)	Beneficially Owned		Beneficial Ownership	
		(Month/Day/Y			(Instr. 8)					(Instr. 4)	
						(•)		Following Reported	(1115417-1)	(11011-1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/05/0010				5,144		\$	24.000	D		
Stock	05/25/2018			А	(1)	А	34.02	24,009	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)

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

Reporting Owners

Reporting Owner Name / Address	Relationships						
I g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other			
SRINIVASAN SAM 2953 BUNKER HILL LANE, STE 300 SANTA CLARA, CA 95054	Х						
Signatures							
/s/ John Edmunds, attorney-in-fact	05/30/2018	8					
<u>**</u> 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) The restricted stock units will vest 100% of the shares on the earlier of (a) the first anniversary of the date of grant or (b) immediately preceding the issuer's next annual meeting of stockholders.

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.