## Edgar Filing: INPHI Corp - Form 4

INPHI Corn

INPHI Corp Form 4												
May 31, 201	6											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	PPROVAL		
		EDSIAIE					NGE		OMB Number:	3235-0287		
Check this box					210120				Expires:	January 31,		
Subject to					N BENEFICIAL OWNERSHIP OF			Estimated	2005 average			
Section 1 Form 4 o	Section 16. SECURITIE									burden hours per response 0.5		
Form 5	Filed	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation may cont				•	•	- ·		f 1935 or Sectio	n			
See Instru		30(h	) of the Inv	vestment	Company	y Act	: of 19	40				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Repor	ting Person *	2 1	N	T: -1	r		5. Relationship o	f Reporting Per	son(s) to		
1. Name and Address of Reporting Person *2. IssueMurphy Elissa E.Symbol				uer Name <b>and</b> Ticker or Trading			Issuer	r neporting r er	501(5) 10			
-			-	INPHI Corp [IPHI]				(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tra	ansaction			(ene	en un uppricuor	-)		
				(Month/Day/Year) 05/27/2016				_X_ Director 10% Owner Officer (give title Other (specify				
LANE, SUITE 300			03121120	512112010				below) below)				
			4. If Amen	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			Filed(Mont					Applicable Line) _X_ Form filed by One Reporting Person				
SANTA CL	ARA, CA 95	054						Form filed by I	More than One R			
(City)	(State)	(Zip)						Person				
							ties Ac	quired, Disposed o		-		
1.Title of Security	2. Transaction (Month/Day/Y	n Date 2A. De Year) Execut	emed ion Date, if					5. Amount of Securities	6. Ownership Form: Direct	<ol> <li>Nature of Indirect</li> </ol>		
(Instr. 3)		any (Month	Code Disposed of (D)				))	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
	/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				3)	Following	(Instr. 4)	(Instr. 4)				
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	05/27/2016			A	3,214	(D) A	\$ 0	10,222	D			
Stock	0512112010			11	(1)	11	ψυ	10,222	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	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						
	Director	10% Owner	Officer	Other			
Murphy Elissa E. 2953 BUNKER HILL LANE SUITE 300 SANTA CLARA, CA 95054	Х						
Signatures							
/s/ John Edmunds, attorney-in-fact	(	05/31/2016					
**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.