Edgar Filing: FINISAR CORP - Form 4

FINISAR CORP

| Form 4 January 07, 2 | | | | | | | | | | | |
|--|--|---|--------------------------------|---|--|-------|-------------|--|--|-----------|--|
| FORM | FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | |
| - | UNITE | D STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or | 6. | STATEMENT OF CHANGES IN BENEFICIA SECURITIES | | | | | | NERSHIP OF | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssueEng Julie SheridanSymbol | | | Symbol | suer Name and Ticker or Trading bl | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| F | | | | R CORP | [FNSR] | | | (Check all applicable) | | | |
| | | | | e of Earliest Transaction n/Day/Year) /2016 | | | | Director 10% Owner X Officer (give title Other (specify below) below) EVP Datacom Engineering | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SUNNYVA | LE, CA 94089- | -1133 | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Day (Month/Day/Yea | r) Execution any | ned n Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, Amount | spose | d 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) | | |
| Common Stock | 01/05/2016 | | | S | 590 | D | \$ 14.07 | 60,726 <u>(1)</u> | 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno 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 | | | | |
| Eng Julie Sheridan 1389 MOFFETT PARK DRIVE SUNNYVALE, CA 94089-1133 | | | EVP Datacom Engineering | | | | | |
| Signatures | | | | | | | | |
| /s/ Christopher Brown as Attorney-in-fact for | | 01/07/2016 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| Explanation of Resp | onses: | | | | | | | |

* 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) Includes 533 shares received as an Issuer match under the Issuer's 401k Plan on December 24, 2015 and not required to be reported.

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.