## Edgar Filing: LIGGETT EMILY M - Form 4

LIGGETT EI	MILY M										
Form 4											
April 05, 201	0										
FORM	14								-	PPROVAL	
	UNIII	ED STATE		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi							Expires:	January 31,			
if no longer subject to STATEMENT OF 0			F CHAN			CIA	LOW	NERSHIP OF	Estimated	2005 average	
Section 10	Section 16. SECURITIES						burden hours per				
Form 4 or								response	0.5		
Form 5 obligation		*					•	ge Act of 1934,			
may conti	Section	· · ·		•	U			f 1935 or Sectio	n		
See Instru	iction	30(h	) of the In	vestment	Compan	y Act	of 19	40			
1(b).											
(Print or Type R	(esponses)										
(	F)										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of I						Reporting Person(s) to					
LIGGETT EMILY M Symb				Symbol IMMERSION CORP [IMMR]				Issuer			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Chec				ck all applicable)			
(2000)	(1 100)	(Initiatio)	(Month/D		ansaction			X Director	109	6 Owner	
C/O IMMER	RSION CORF	P, 801 FOX	04/01/20	•				Officer (give	title Oth	er (specify	
LANE								below)	below)		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Fili	ng(Check	
				Filed(Month/Day/Year)				Applicable Line)			
				•				$X_Form filed by$			
SAN JOSE,	CA 95131							Form filed by M Person	Aore than One Ro	eporting	
(City)	(State)	(Zip)									
(City)	(blute)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Y	ear) Execution any	on Date, if TransactionAcquired (A) or Code Disposed of (D)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Insu: 5)		-	(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned		Ownership		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Common Stock	04/01/2010			А	4,500	А	\$0	11,000	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)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (Right to Buy)	\$ 5.59	04/01/2010		А	8,500		(2)	04/01/2020	Common Stock	8,50

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I. S.	Director	10% Owner	Officer	Other				
LIGGETT EMILY M C/O IMMERSION CORP 801 FOX LANE SAN JOSE, CA 95131	Х							
Signatures								
/s/ Emily Liggett by Jeffrey Ve Attorney-in-Fact	etter,		04/0	)5/2010				
/s/ Emily Liggett by Jeffrey Ve	etter,		04/0	)5/2010				

<u>\*\*</u>Signature of Reporting Person

## **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) Grant of restricted stock, which will vest as to 100% of the shares on April 1, 2011.
- (2) This option will vest as to 100% of the shares on April 1, 2011.

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.

Date