

MAXIM INTEGRATED PRODUCTS INC  
 Form 3  
 November 17, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Stratakos Anthony		(Month/Day/Year)	MAXIM INTEGRATED PRODUCTS INC [MXIM]	
(Last)	(First)	(Middle)	11/09/2016	
160 RIO ROBLES			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN JOSE, CA 95134			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			SENIOR VICE PRESIDENT, CTO	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	83,607 <sup>(1)</sup>	D	^

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of			

Edgar Filing: MAXIM INTEGRATED PRODUCTS INC - Form 3

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Options (right to buy)	Â (2)	11/05/2020	Common Stock	46,404	\$ 29.19	D	Â
Performance Shares	Â (3)	12/31/2017	Common Stock	85,000	\$ 0	D	Â
Performance Shares	Â (3)	08/15/2018	Common Stock	4,124	\$ 0	D	Â
Performance Shares	Â (3)	08/15/2019	Common Stock	14,492	\$ 0	D	Â
Performance Shares	Â (3)	08/15/2020	Common Stock	16,800	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Stratakos Anthony 160 RIO ROBLES SAN JOSE, CA 95134	Â	Â	Â SENIOR VICE PRESIDENT, CTO	Â

## Signatures

BY MARK CASPER FOR ANTHONY STRATAKOS

11/17/2016

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Represents unvested Restricted Stock Units and Common Stock. Excludes .373 fractional share as a result of reinvestment of dividends.
- (2) 46,404 Non-Qualified Stock Options vesting quarterly from 2/15/2017 to 11/15/2017 subject to the individual's continuous status as an employee such dates
- (3) Represents the target number of Performance Shares that will be earned, if at all, based on the achievement of certain pre-established performance goals. Each Performance Share Unit represents a contingent right to receive one share of MXIM common stock.

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.