Edgar Filing: INPHI Corp - Form 4

| INPHI Corp | | | | | | | | | | | |
|--|---------------------|----------------|---|-------------------------------------|------------|--------|----------------|---|----------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| April 24, 20 | | | | | | | | | | | |
| FORM | 14 | | | | | ~~~ | NOLO | | OMB A | PROVAL | |
| | • • UNITED | STATES | | | | | NGE C | COMMISSION | OMB | 3235-0287 | |
| Check th | iis box | | vvas | shington, | D.C. 20 | 549 | | | Number: | January 31, | |
| if no lon | | IENT O | F CHAN | CFS IN | RENEE | СТА | | NERSHIP OF | Expires: | 2005 | |
| subject to Section | 0 | | | GES IN BENEFICIAL OWN SECURITIES | | | | | Estimated average | | |
| Form 4 c | | | | SECONTIES | | | | | burden hou response | rs per 0.5 | |
| Form 5 | Filed pur | suant to | Section 1 | 6(a) of the | e Securit | ies E | xchang | e Act of 1934, | 100001100 | 0.0 | |
| obligatio may con | ns Section 17(| | | | | | • | 1935 or Section | n | | |
| See Instr | | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | 0 | | | |
| 1(b). | | | | | | | | | | | |
| (Drint or Type) | Desmonana) | | | | | | | | | | |
| (Print or Type) | Kesponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of 5. | | | | | | | Reporting Pers | son(s) to | | | |
| EDMUNDS JOHN Symbol | | | | Traine and Tieker of Training | | | | Issuer | | | |
| | | | - | Corp [IPH | П | | | | | | |
| (Last) | (First) (1 | Middle) | 3 Date of | Earliest Tr | ansaction | | | (Chec. | k all applicable | e) | |
| | | | | ay/Year) Director 10% Owner | | | | | Owner | | |
| 2953 BUNI | KER HILL LANE | E, STE | 04/15/2 | - | | | | XOfficer (give | | er (specify | |
| 300 | | | | | | | | below) Chief I | below) Financial Offic | er | |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | 1 | | 6. Individual or Jo | int/Group Filir | 19(Check | |
| | | | | onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| | | | , | • | | | | _X_ Form filed by C | | | |
| SANTA CL | ARA, CA 95054 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | e 2A. Dee | med | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) | Executio | on Date, if Transaction(A) or Disposed of (D) | | | | | Securities | Form: Direct | | |
| (Instr. 3) | | any (Month/ | Dov/Voor) | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Beneficially Owned | × / | Beneficial Ownership | |
| | | (WOIIII) | Day/Year) | (Instr. 8) | | | | Following | Indirect (I) (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported | | . , | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| ~ | | | | Code V | Amount | (D) | Price | (Instr. 5 and 4) | | | |
| Common | 04/15/2017 | | | F | 1,044 | D | \$ | 211,300 | D | | |
| Stock | | | | | | | 44.46 | | | | |
| Common Stock | 04/20/2016 | | | F | 3,655 | D | \$ 44.16 | 207,645 | 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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| Terformig of the Linner (Linner (South | Director | 10% Owner | Officer | Other | | | |
| EDMUNDS JOHN 2953 BUNKER HILL LANE, STE 300 SANTA CLARA, CA 95054 | | | Chief Financial Officer | | | | |
| Signatures | | | | | | | |

/s/ John Edmunds 04/24/2017

<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).

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.