Edgar Filing: FUCCI DAVID - Form 4

FUCCI DAV	/ID										
Form 4											
November 0	8, 2018										
FORM	14				~~~				PPROVAL		
. •	• • UNITED		CURITIES A Washington			NGE (COMMISSION	OMB Number:	3235-0287		
Check the				,				Expires:	January 31,		
if no long subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWN							•	2005		
Section 1		SECURITIES						Estimated average burden hours per			
Form 4 o	r							response 0.			
Form 5	Filed put	rsuant to Section	on 16(a) of th	ne Securit	ies E	xchang	ge Act of 1934,				
obligation may cont		(a) of the Publi	c Utility Hol	ding Con	ipany	Act o	f 1935 or Sectio	n			
See Instru		30(h) of th	e Investment	t Compan	y Act	t of 19	40				
1(b).											
(Print or Type I	Responses)										
(Thin of Type I	(coponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of I								f Reporting Per	Reporting Person(s) to		
FUCCI DAVID			Symbol				Issuer				
			AEHR TEST SYSTEMS [AEHR]				(Charle all applicable)				
(Last)	(First) (Middle) 3. Da	3. Date of Earliest Transaction				(Check all applicable)				
		. ,	(Month/Day/Year)				Director	10%	6 Owner		
			11/08/2018				XOfficer (give titleOther (specify below) below)				
KATO TERRACE							below) below) VP OF OPERATIONS				
	(Street)	4 If	Amendment D	ate Original			6 Individual or I	oint/Group Fili	ng(Check		
(Sheet)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
		Thee	(infolial/Duy) fou	-)			_X_ Form filed by One Reporting Person				
FREMONT	, CA 94539						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Fable I - Non-l	Derivative	Securi	ities Aco	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat		3.				5. Amount of	6. Ownership			
Security (Month/Day/Year) Execution Date, if Transaction(A (Instr. 3) any Code (D					ispose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(IIIsu: 5)		any (Month/Day/Y	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned	Indirect (I) Owr			
						Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price	(instance und 1)				
Common	11/08/2018		S	547	D	\$	4,767	D			
Stock						2.01					

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. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code Y	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	Relationships							
1 0 1 1 1 1	Director	10% Owner	Officer	Other				
FUCCI DAVID C/O AEHR TEST SYSTEM 400 KATO TERRACE FREMONT, CA 94539	S		VP OF OPERATIONS					
Signatures								
David Fucci	11/08/2018							
<u>**Signature of</u> 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.