#### Edgar Filing: AEHR TEST SYSTEMS - Form 4

#### **AEHR TEST SYSTEMS**

Form 4 May 06, 2015

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

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response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

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

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * POSEDEL RHEA J |  |               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |                                       |       |                                 |               | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
|--|--|---------------|--|---------------------------------------|-------|---------------------------------|---------------|--|--|---|--|
|  |  |               | AEHR TEST SYSTEMS [AEHR]                           |                                       |       |                                 |               | (Check all applicable)   |  |   |  |
| (Last)   | (First) (M   |               | 3. Date of Earliest Transaction                    |                                       |       |                                 |               |  |  |   |  |
| C/O AEHR TEST SYSTEMS, 400                               |  |               | (Month/Day/Year)                                   |                                       |       |                                 |               | X Director Officer (giv  |  | 6 Owner<br>er (specify  |  |
| KATO TER   | , 400  | 05/05/2015    |  |                                       |       |                                 | below) below) |  |  |   |  |
|  | (Street) 4. If Ame   |               |  | ndment, Date Original                 |       |                                 |               | 6. Individual or Joint/Group Filing(Check  |  |   |  |
|  |  |               | Filed(Month/Day/Year)                              |                                       |       |                                 |               | Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting                       |  |   |  |
| FREMONT, CA 94539  |  |               |  |                                       |       |                                 |               | Person   |  |   |  |
| (City)   | (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |               |  |                                       |       |                                 |               |  |  |   |  |
| 1.Title of<br>Security<br>(Instr. 3)                     | 2. Transaction Date<br>(Month/Day/Year)  | Execution any |  | 3.<br>Transacti<br>Code<br>(Instr. 8) |       | oispose<br>, 4 and<br>(A)<br>or | d of          | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 05/05/2015   |               |  | S                                     | 1,100 | D                               | \$<br>2.68    | 986,514  | I  | By Trust  |  |
| Common<br>Stock  |  |               |  |                                       |       |                                 |               | 44,686   | D  |   |  |

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

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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 | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |            | 7. Title a  |        | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|------------|-------------|--------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration D  | ate        | Amount      | of     | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)      | Underlyi    | ing    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |            | Securitie   | es     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |            | (Instr. 3   | and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |               |            |             |        |             | Follo  |
|             |             |                     |                    |            | (A) or     |               |            |             |        |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |            |             |        |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |            |             |        |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |            |             |        |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |            |             |        |             |        |
|             |             |                     |                    |            |            |               |            | А           | mount  |             |        |
|             |             |                     |                    |            |            |               |            | 01          |        |             |        |
|             |             |                     |                    |            |            | Date          | Expiration | Title Numbe |        |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date       | of          |        |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |            | SI          | hares  |             |        |

## **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
|                                | Director      | 10% Owner | Officer | Other |  |  |  |
| POSEDEL RHEA J                 |               |           |         |       |  |  |  |
| C/O AEHR TEST SYSTEMS          | X             |           |         |       |  |  |  |
| 400 KATO TERRACE               | Λ             |           |         |       |  |  |  |
| FREMONT, CA 94539              |               |           |         |       |  |  |  |

## **Signatures**

Rhea J. Posedel 05/06/2015

\*\*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).
- (1) The Trust name is Posedel Family Trust.

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.

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