Edgar Filing: ORACLE CORP - Form 4

ORACLE C	ORP										
Form 4											
April 02, 20	15										
FORM	14								OMB AF	PROVAL	
. •	• • UNITED	STATES					IGE CO	OMMISSION	OMB	3235-0287	
Check th	iis box		vva	snington	, D.C. 205	49			Number:	January 31,	
if no lon		AENT OI	ГСНАМ	ICES IN	BENEFI	стат	OWN	FRSHIP OF	Expires:	2005	
subject to STATEMENT OF CHA						CIAL			Estimated average		
Section Form 4 c		SECURITIES						burden hours per response 0.5			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							16300136	0.5	
obligatio	ns Section 17(•	1935 or Section	l		
may con <i>See</i> Instr	unue.				t Company						
1(b).											
(Print or Type)	Responses)										
1 Name and /	Address of Reporting	Person *	2 I	N	J.T. 1	- 1.		5 Relationship of l	Reporting Pers	on(s) to	
CATZ SAF			2. Issue Symbol	er Name an	d Ticker or T	rading	>	5. Relationship of Reporting Person(s) to Issuer			
01112 011			•	I F CORI	P[ORCL]						
		NC 111 \						(Check	all applicable)	
(Last)	(First) (Middle)		of Earliest T Day/Year)	ransaction			_X_ Director	100/-	Owner	
			04/02/2	-				X Officer (give title Other (specify			
	TION, 5525 KIE		01/02/2	2015			1	below)	below) xecutive Offic		
LANE, SUI								Chief E.		er	
	(Street)		4. If Am	endment. D	ate Original			6. Individual or Joi	nt/Group Filin	g(Check	
				onth/Day/Yea	-			6. Individual or Joint/Group Filing(Check Applicable Line)			
				-	·			_X_ Form filed by O			
RENO, NV	89511]	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tak	Is I. Norel	Danimating C		• • • • • • • • • •	ined Diseased of	an Danafiaiall	ha Orana d	
							_	ired, Disposed of,		-	
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transactiv	4. Securitie oror Dispose			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(Woldin Day Tear)	any	i Date, ii	Code	(Instr. 3, 4			Beneficially	Form:	Beneficial	
. ,		(Month/D	ay/Year)	(Instr. 8)	× ,	Í		Owned	Direct (D)	Ownership	
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$				
Stock	04/02/2015			Μ	250,000	А	ф 14.57	262,535	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 14.57	04/02/2015		М		250,000	(1)	07/06/2016	Common Stock	250,000

Reporting Owners

Reporting Owner Name / Address		Relationships				
	Director	10% Owner	Officer	Other		
CATZ SAFRA C/O DELPHI ASSET MGMT CORPORATION 5525 KIETZKE LANE, SUITE 200 RENO, NV 89511	Х		Chief Executive Officer			
Signatures						
/s/ Rita S. Dickson by Rita S. Dickson, Attorney i 7/15/03)	04/02/2015					

**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) Options vest 25% annually on anniversary of grant date.

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