Edgar Filing: CLOUGH CHARLES - Form 4

| CLOUGH | CHARLES | | | | | | | | |
|--|---|---|--------------------|-----------------------------|--|---|--|--|---|
| Form 4 June 06, 20 | 06 | | | | | | | | |
| | ЛЛ | | | | | | | OMB AF | PROVAL |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 CLOUGH | | | | | 5. Relationship of Reporting Person(s) to ssuer | | | | |
| (Last) | (First) (Mi | | | | | | (Check | all applicable |) |
| C/O ALTE INNOVAT | ate of Earliest Transaction nth/Day/Year) 02/2006 be | | | | Director 10% Owner Officer (give titleX Other (specify below) Retired Director | | | | |
| | Month/Day/Year) A | | | | . Individual or Joint/Group Filing(Check applicable Line) X_Form filed by One Reporting Person | | | | |
| SAN JOSE | E, CA 95134 | | | | | P | Form filed by Mo erson | ore than One Rej | porting |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | a | 2A. Deemed Execution Date, if ny Month/Day/Year) | Code (Instr. 8) | otor Dispos (Instr. 3, 4 | ed of | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 06/02/2006 | | M | 20,000 | A A | \$ 13.0938 | 32,040 | D | |
| Common Stock | 06/02/2006 | | G | 20,000 | D | \$0 | 20,000 | Ι | The Clough Family Trust DTD 4/10/87 |
| Common Stock | | | | | | | 12,040 | D | |

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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)

| 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 Exercis Expiration Dat (Month/Day/Y | e | 7. Title and A Underlying S (Instr. 3 and | Secur |
|---|---|---|---|--|--|---|--------------------|---|------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nu of S |
| Non-Qualified Stock Option (right to buy) | \$ 13.0938 | 06/02/2006 | | М | 20,000 | 08/28/1998 | 08/28/2007 | Common Stock | 20 |

Reporting Owners

| Reporting Owner Name / Addro | ess | Relationships | | | | | | |
|---|------------|---------------|---------|------------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CLOUGH CHARLES C/O ALTERA CORP 101 INNOVATION DRIVE SAN JOSE, CA 95134 |] | | | Retired Director | | | | |
| Signatures | | | | | | | | |
| /s/Charles M. Clough | 06/05/2006 | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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.

**Signature of

Reporting Person