Edgar Filing: Haris Clinton M. - Form 4

Haris Clinton Form 4 November 08											
FORM	Л									PPROVAL	
	UNIT	ED STAT		ITIES Al hington, 1			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	er STAT 6. Filed Section	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940								January 31 Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> Haris Clinton M.			Symbol	BROOKS AUTOMATION INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O BROOKS AUTOMATION, INC., 15 ELIZABETH DRIVE			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 11/06/2012				Director 10% Owner Officer (give title below) Other (specify below) SVP, Brooks Life Sciences			
	(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHELMSFO	ORD, MA 018	324						Form filed by M Person	Iore than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Exe any	ecution Date, if	Code Disposed of (D) r) (Instr. 8) (Instr. 3, 4 and 5) (A) or)) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/06/2012			Code V D	Amount 1,544	(D) D	Price \$ 0	141,903	D		
Common Stock	11/06/2012			F	3,285 (2)	D	\$ 7.8	138,618	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.

Edgar Filing: Haris Clinton M. - Form 4

 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	nt of lying	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				
	Director	10% Owner	Officer	Other
Haris Clinton M. C/O BROOKS AUTOMATION, INC. 15 ELIZABETH DRIVE CHELMSFORD, MA 01824			SVP, Brooks Life Sciences	
Signatures				
/s/ Jason W. Joseph, attorney-in-fact for Haris	Clinton	М.	11/08/2012	

<u>**</u>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).
- An initial grant of 10,500 shares reported on a Form 4 dated February 8, 2010 contained performance-based vesting. That grant vested on
 (1) November 6, 2012 at 85.3%, or 8,957 shares, based on the achievement of the performance criteria. This transaction represents the forfeiture of the remaining 14.7%, or 1,543 shares, that did not vest

Date

(2) Forfeiture of shares by the reporting person to satisfy the reporting person's obligations with respect to withholding taxes in connection with the vesting on November 6, 2012 of 8,957 shares of restricted stock held by the reporting person.

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.