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AEHR TEST Form 4	Γ SYSTEMS									
June 02, 201	.5									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL	
	UNITE	ED STATE		shington,			NGE (COMMISSION	OMB Number:	3235-0287
Check th			v v cas	sington,	D.C. 20.	//			Expires:	January 31,
if no longer subject to STATEMENT OF CH				IANGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005
Section 16.				SECURITIES					burden hou	•
Form 4 c Form 5		nurquant to	Section 1	6(a) of the	- Soouriti	os Fr	zahana	a Act of 1024	response	0.5
obligatio	ns Section	^					•	e Act of 1934, f 1935 or Sectio	n	
may con See Instr	unue.			vestment	•	· ·				
1(b).										
(Print or Type]	Desponses)									
(I fint of Type)	(csponses)									
1. Name and Address of Reporting Person _2. IssueSLAYEN HOWARD TSymbol			2. Issuer	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to		
			•					Issuer		
			AEHR '	TEST SY	STEMS	AEH	[R]	(Chec	k all applicable	e)
(Last)	(First)	(Middle)		f Earliest Tr	ansaction					
				onth/Day/Year) /01/2015				X_ Director 10% Owner Officer (give title Other (specify		
KATO TERRACE			00/01/2	00/01/2013				below)	below)	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filii	1g(Check
			nth/Day/Year)				Applicable Line)			
FREMONT, CA 94539								_X_ Form filed by One Reporting Person Form filed by More than One Reporting		
FREMONI	, CA 94539							Person		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed o	f, or Beneficial	lly Owned
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securit		-	5. Amount of	6. Ownership	
Security	• • • •			Transactic Code	on(A) or Dia (Instr. 3)			Securities Beneficially	Form: Direct Indirect (D) or Beneficial	
(Instr. 3) any (Month/Day/Year)			/Day/Year)					Owned	Indirect (I)	Ownership
								Following Reported	(Instr. 4)	(Instr. 4)
						(A)		Transaction(s)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common	06/01/2015			М	10,000	А	\$	95,481	D	
Stock	50/01/2015				10,000		1.32	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	
Common	06/01/2015			М	10,000	А	\$	105,481	D	
Stock	00/01/2015			111	10,000	11	0.89	105,101	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 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) f		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title I
Non-Qualified Stock Option (right to buy)	\$ 0.89	06/01/2015		М		10,000	11/25/2011 <u>(1)</u>	10/25/2018	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 1.32	06/01/2015		М		10,000	11/27/2010(1)	10/27/2015	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
SLAYEN HOWARD T AEHR TEST SYSTEMS 400 KATO TERRACE FREMONT, CA 94539	X					
Signatures						

Gary L. Larson,	06/02/2015		
Attorney-in-fact			
** 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) One twelfth (1/12) of the total number of shares became exercisable on this date and an additional one twelfth (1/12) of the total number of shares became exercisable each month thereafter.

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.