

VICOR CORP
Form 3
October 16, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
JEFFERY JOSEPH A		(Month/Day/Year)	VICOR CORP [vicr]	
(Last)	(First)	(Middle)	09/28/2015	
25 FRONTAGE RD.			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ANDOVER, MA 01810			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			VP-Chief Information Officer	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	548	D	^

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: VICOR CORP - Form 3

				Shares		(I) (Instr. 5)	
Non Qualified Stock Option	06/17/2015	06/17/2023	Common Stock	5,000	\$ 7.34	D	Â
Non Qualified Stock Option	06/17/2016	06/17/2023	Common Stock	5,000	\$ 8.38	D	Â
Non Qualified Stock Option	06/17/2017	06/17/2023	Common Stock	5,000	\$ 9.43	D	Â
Non Qualified Stock Option	06/17/2018	06/17/2023	Common Stock	5,000	\$ 10.48	D	Â
Non Qualified Stock Option	Â (1)	06/17/2023	Common Stock	80	\$ 6.29	D	Â
Non Qualified Stock Option	Â (2)	10/01/2025	Common Stock	10,000	\$ 9.53	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JEFFERY JOSEPH A 25 FRONTAGE RD. ANDOVER, MA 01810	Â	Â	Â VP-Chief Information Officer	Â

Signatures

/s/Richard J. Nagel Jr., Attorney in Fact for Joseph A. Jeffery 10/16/2015

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) Granted under the Company's Amended and Restated 2000 Stock Option and Incentive Plan on 6/17/2013 and vest over a five year period.
- (2) Granted under the Company's Amended and Restated 2000 Stock Option and Incentive Plan on 10/1/2015 and vest over a five year period.

Â

Remarks:

Due to an inadvertent administrative error, this Form 3 was not filed timely

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.