CASSIN BJ Form 4 November 23, 2005

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

OMB APPROVAL OMB 3235-0287

Number:

Expires:

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Issuer

_X__ Director

Officer (give title

January 31, 2005

0.5

Estimated average

burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2. Issuer Name and Ticker or Trading

PDF SOLUTIONS INC [PDFS]

3. Date of Earliest Transaction

(Month/Day/Year)

11/21/2005

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

CASSIN BJ

(Last)

3000 SAND HILL

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

(Middle)

ROAD, BU	ILDING 3, SUIT		below)	below)					
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check		
MENLO PA	ARK, CA 94025-7	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tabl	le I - Non-D	Derivative :	Securi	ities Acqu	iired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit on(A) or Dia (Instr. 3, 4)	sposed	of (D)	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	11/21/2005		S	16,098	D	\$ 16.8	123,902	I	By the Cassin Family Trust U/T/D 1/31/96
Common Stock	11/21/2005		S	13,088	D	\$ 16.81	110,814	I	By the Cassin Family Trust U/T/D 1/31/96

Common Stock	11/21/2005	S	6,500	D	\$ 16.82	104,314	I	By the Cassin Family Trust U/T/D 1/31/96
Common Stock	11/21/2005	S	4,012	D	\$ 16.83	100,302	I	By the Cassin Family Trust U/T/D 1/31/96
Common Stock	11/21/2005	S	302	D	\$ 16.84	100,000	I	By the Cassin Family Trust U/T/D 1/31/96

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
							Exercisable Date	Title	Title Number	
						2.1010184010			of	
				Code V	(A) (D)				Shares	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

Reporting Owners 2 Edgar Filing: CASSIN BJ - Form 4

CASSIN BJ 3000 SAND HILL ROAD BUILDING 3, SUITE 210 MENLO PARK, CA 94025-7119

Signatures

/s/ P. Steven Melman, Attorney-in-Fact for B.J.
Cassin

11/23/2005

**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).

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.

Signatures 3