

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)

<p>1. Name and Address of Reporting Person *</p> <p>Â CRILLY SEAN</p> <p>(Last) (First) (Middle)</p> <p>25 FRONTAGE RD.</p> <p>(Street)</p> <p>ANDOVER,Â MAÂ 01810</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>06/19/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>VICOR CORP [vicr]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Corp. VP-Engineering, Pwr.Sys.</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	--	---	--	---	---

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	100	D	Â

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	Title	Amount or Number of		

Edgar Filing: VICOR CORP - Form 3

				Shares		(I) (Instr. 5)	
Non Qualified Stock Option	06/17/2014	06/17/2023	Common Stock	2,500	\$ 6.29	D	Â
Non Qualified Stock Option	06/17/2015	06/17/2023	Common Stock	2,500	\$ 7.34	D	Â
Non Qualified Stock Option	06/17/2016	06/17/2023	Common Stock	2,500	\$ 8.38	D	Â
Non Qualified Stock Option	06/17/2017	06/17/2023	Common Stock	2,500	\$ 9.43	D	Â
Non Qualified Stock Option	06/17/2018	06/17/2023	Common Stock	2,500	\$ 10.48	D	Â
Non Qualified Stock Option	Â (1)	06/17/2023	Common Stock	200	\$ 6.29	D	Â
Non Qualified Stock Option	Â (2)	09/02/2025	Common Stock	10,000	\$ 9.76	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CRILLY SEAN 25 FRONTAGE RD. ANDOVER, MA 01810	Â	Â	Â Corp. VP-Engineering, Pwr.Sys.	Â

Signatures

/s/Richard J. Nagel Jr., Attorney in Fact for Sean Crilly 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 9/2/2015 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.