### Edgar Filing: NEWPORT CORP - Form 4

NEWPORT	T CORP										
Form 4											
March 05, 2									0145		
FORM	$\mathbf{M}$ <b>4 UNITED</b>	STATES	SFCU	DITIFS	AND F	УСН	ANCE	COMMISSION	r	APPROVAL	
	UNITED	SIAILS			n, D.C. 2				OMB Number:	3235-0287	
	his box			8	,				Expires:	January 31,	
if no longer subject to Section 16. Form 4 or								Estimate	ated average en hours per		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SIMONE PETER J					nd Ticker ORP [NE		-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date	of Earliest	Transactic	n		(Chec	ck all applica	bie)	
				/Day/Year) /2015	)			X_ Director 10% Owner Officer (give title Other (specify below) below)			
				If Amendment, Date Original led(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Та	ble I - Non	n-Derivativ	ve Sec	urities Acq	uired, Disposed o	f, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 3, 4 and 5)				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)	
G				Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common Stock	03/03/2015			М	7,500	А	\$ 13.86	47,278	D		
Common Stock	03/03/2015			S	7,500	D	\$ 19.8722 (1)	39,778	D		
Common Stock								8,734	I	Held in Deferred Compensation Plan $\frac{(2)}{2}$	

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

#### Edgar Filing: NEWPORT CORP - Form 4

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 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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (1
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 13.86	03/03/2015	М	7,500	01/03/2007	01/02/2016	Common Stock	7,500	

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
SIMONE PETER J 1791 DEERE AVENUE IRVINE, CA 92606	Х							
Signatures								
/s/ Jeffrey B. Coyne, SVP and General Counsel, as attorney-in-fact for reporting person 03/05/2015								

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\*Signature of Reporting Person

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Reflects the weighted-average sale price for an aggregate of 7,500 shares sold in multiple transactions at prices ranging from \$19.79 to
(1) \$19.94 per share. Reporting person undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

(2) 8,734 restricted stock units are held in the issuer's Deferred Compensation Plan for the benefit of 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.

Date

D S (]