Edgar Filing: AEHR TEST SYSTEMS - Form 4

| AEHR TEST SYS | TEMS | | | | | | | | | |
|-----------------------------------------------------------------------|------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Form 4 | | | | | | | | | | |
| April 23, 2015 | | | | | | | | | | |
| FORM 4 | | | | | | | | | PPROVAL | |
| | UNITED | STATES | | | AND EX 1, D.C. 20 | | COMMISSIO | N OMB Number: | 3235-0287 | |
| Check this box | | | | | | | | Expires: | January 31, | |
| if no longer subject to Section 16. Form 4 or | 1ENT OF | F CHAN | NGES IN SECUI | Estimated a burden hou | irs per | | | | | |
| Form 5 | - | a) of the H | Public U | tility Hol | lding Cor | | nge Act of 1934, of 1935 or Secti 940 | | 0.5 | |
| (Print or Type Respon | ses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> FUCCI DAVID | | | 2. Issuer Name and Ticker or Trading Symbol AEHR TEST SYSTEMS [AEHR] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | . | AC 1 11 \ | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) C/O AEHR TEST SYSTEMS, 400 KATO TERRACE | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2015 | | | Director 10% Owner X_ Officer (give title Other (specify below) below) VP OF OPERATIONS | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| FREMONT, CA 9 | | onth/Day/Yea | - | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | (7.) | | | | | reison | | | |
| (City) (S | tate) | (Zip) | Tab | le I - Non- | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | |
| | nsaction Date h/Day/Year) | 2A. Deema Execution any (Month/Da | Date, if | 3. Transactic Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, 4 | (A) or of (D) 4 and 5) (A) or | 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) | |
| | | | | Code V | Amount | (D) Price | | | | |
| Reminder: Report on a | a separate line | for each cla | ass of sec | urities bene | ficially own | ned directly | or indirectly. | | | |
| | | | | | inforn requir | nation cont ed to response lys a curre | spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |

 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. Number of | 6. Date Exercisable and | 7. Title and Amount |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|-----------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8 | , | Acquired or Dispose (D) (Instr. 3, 4 and 5) | ed of | | | | |
|---------------------------------------------------|------------------------------------|------------|------------------|-----------|---|---------------------------------------------------------|-------|-----------------------|--------------------|-----------------|---------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amour or Numbe of Shar |
| Incentive Stock Option (right to buy) | \$ 2.1 | 04/21/2015 | | А | | 20,000 | | 05/21/2015 <u>(1)</u> | 04/21/2022 | Common Stock | 20,00 |
| Renor | tina Ov | wners | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|-------------------------------------------------------------------------------|---------------|-----------|------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| FUCCI DAVID C/O AEHR TEST SYSTEMS 400 KATO TERRACE FREMONT, CA 94539 | | | VP OF OPERATIONS | | | | | | |
| Signatures | | | | | | | | | |
| David Fucci 04 | /23/2015 | | | | | | | | |
| ***** | | | | | | | | | |

<u>**</u>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 forty-eighth (1/48) of the total number of shares became exercisable on this date and an additional one forty-eighth (1/48) 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.