## Edgar Filing: AEHR TEST SYSTEMS - Form 4

AEHR TEST	Γ SYSTEMS											
Form 4												
October 02, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi if no long						Expires:	January 31,					
subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWNER				NERSHIP OF	Estimated a	2005		
Section 1				SECURITIES					burden hours per			
Form 4 or									response	. 0.5		
Form 5 obligation	nc *						U	e Act of 1934,				
may cont				•	•			1935 or Section	n			
<i>See</i> Instru 1(b).		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
(Print or Type F	Responses)											
BUCK CARL N Symbol AEHR				R TEST SYSTEMS [AEHR]				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction				100	0		
C/O AEHR	TEST SYSTE	MS 400	(Month/D 10/01/2	-				Director X Officer (give		Owner er (specify		
KATO TER		WIS, <del>4</del> 00	10/01/2	015				below)	below) F MARKETING			
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filin	g(Check		
				ionth/Day/Year)				Applicable Line)				
FREMONT	, CA 94539							_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)				~						
(eny)	(State)	(Zip)	Tabl	e I - Non-L	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D			3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	ar) Executio any	on Date, if	Code	on(A) or Di (Instr 3	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1130.3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)				
						(A)		Reported Transaction(s)				
				Code V	Amount	or	Drigg	(Instr. 3 and 4)				
Common				Code V	Amount 3,000	(D)	Price \$					
Stock	10/01/2015			J	(1)	А	ф 1.955	102,448	Ι	By Trust		

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

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)

De Se	Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	ate Exercisable and iration Date nth/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BUCK CARL N C/O AEHR TEST SYSTEMS 400 KATO TERRACE FREMONT, CA 94539			VP OF MARKETING					
Signatures								
Kenneth B. Spink, Attorney-in-fact		10/02/2015						
**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).
- These shares have been purchased through the Company's 2006 Employee Stock Purchase Plan, a "tax-conditioned plan" per Internal
   (1) Revenue Code Section 423. This purchase is exempt from Section 16 of the Securities Exchange Act of 1934 regarding liabilities arising from six-month short-swing transactions in the Company's securities.

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.