## Edgar Filing: AEHR TEST SYSTEMS - Form 4

AEHR TEST	SYSTEMS											
Form 4												
October 26, 2	2016											
FORM	4									PPROVAL		
	UNITED	STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this												
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							NERSHIP OF	Expires: 200 Estimated average			
Section 16								burden hours per				
Form 4 or Form 5								response	0.5			
obligation	-						-	e Act of 1934,				
may conti	Section 17			•	•	· ·		f 1935 or Sectio	n			
See Instru	ction	50(II)	of the Inv	vestment	Compan	y Aci	. 01 194	+0				
1(b).												
(Print or Type R	esponses)											
1. Name and Ad	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name and	Ticker or	Tradin	g	5. Relationship of	f Reporting Per	Reporting Person(s) to		
BUCK CARL N Symbol				-				Issuer				
				TEST SYS	STEMS	[AEF	IR]	(Check all applicable)				
(Last) (First) (Middle) 3.				3. Date of Earliest Transaction				(Check an applicable)				
				onth/Day/Year)				Director	10%	Owner		
	TEST SYSTEM	(S, 400	10/24/20	)16				X Officer (give below)	e title Other below)	er (specify		
KATO TER	RACE							· · · · · · · · · · · · · · · · · · ·	of Marketing			
	(Street)		4. If Amer	ndment, Dat	te Origina			6. Individual or Jo	oint/Group Filin	19(Check		
				th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
			× ×	, , , , , , , , , , , , , , , , , , ,				_X_ Form filed by				
FREMONT,	CA 94539							Form filed by N Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	te 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	) Executio	on Date, if Transaction(A) or Disposed of			Securities	Form: Direct					
(Instr. 3)		any (Month/	Dav/Vaar)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially	(D) or Indiract (I)	Beneficial		
		(Monun)	Day/Year)	(Instr. 8)	(Instr. 5,	4 and	3)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						(1)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	10/24/2016			S	1,000	D	\$ 3.08	107,448	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)

1. Tit Deriv Secur (Instr	ative ity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	<ul> <li>5.</li> <li>5.</li> <li>5.</li> <li>5.</li> <li>6.</li> <li>6.</li> <li>7.</li> &lt;</ul>	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
					Code	4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addre	Relationships							
	Director	irector 10% Owner Officer		Other				
BUCK CARL N C/O AEHR TEST SYSTEM 400 KATO TERRACE FREMONT, CA 94539	S		VP of Marketing					
Signatures								
Carl N. Buck	10/24/2016							
**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.