

Edgar Filing: GSI TECHNOLOGIES USA INC /DE - Form 4

GSI TECHNOLOGIES USA INC /DE

Form 4

April 02, 2001

FORM 4

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPROVAL | |
|----------------------------|-----|
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

| | | |
|---------------------------------------|-----------|----------|
| Cajolais | Jean-Paul | |
| (Last) | (First) | (Middle) |
| 5249 Wellington Park Cresent Box E-15 | | |
| (Street) | | |

| | | |
|---------|---------|-------|
| Orlando | FL | 32839 |
| (City) | (State) | (Zip) |

2. Issuer Name and Ticker or Trading Symbol

GSI Technologies USA Inc. (GSITB)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

March, 2001

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer

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(Check all applicable)

[X] Director [X] 10% Owner
 [X] Officer (give title below) [] Other (specify below)

Vice president marketing & director of operations USA

7. Individual or Joint/Group Filing (Check Applicable Line)

[X] Form filed by One Reporting Person
 [] Form filed by More than One Reporting Person

TABLE I -Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Trans- action Date (Month/ Day/ Year) | 3. Trans- action Code (Instr. 8) ----- Code V | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) ----- Amount (A) or Price (D) | | | 5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4) | 6.0 shi For Dir (D) Ind (I) (In |
|------------------------------------|---|--|--|---|-------|--|--|
| Common Class B Par value \$.001 | 3/21/01 | P | 3,500 | D | \$.33 | 8,000 | |
| Common Class B Par value \$.001 | 3/26/01 | P | 1,500 | D | \$.39 | 8,000 | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 * If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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 CONTROL NUMBER. 1473 (3/99)

TABLE II - DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (E.G. PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
|----|----|----|----|-------------------------|---------------------------|--------------------------------------|----|
| | | | | Number of Derivative | Date Exer- cisable and | Title and Amount of Underlying | N |

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| Title of Derivative Security (Instr. 3) | Conver- | Trans- | Trans- | Securities | Expiration | Securities | Price |
|--|--|--|---------------------------------|---|---|--|--|
| | sion or Exercise Deriv- ative Security | action Date (Month/ Day/ Year) | action Code (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Date (Month/ Day/Year) Date Exer- cise- able | (Instr. 3 and 4) Amount or Num- ber of | of Deriv- ative Secur- ity (Instr. 5) |
| | | | | | | | |

Explanation of Responses:

* Entity is 100% owned by reporting person.

| | |
|----------------------------------|---------------|
| /s/Jean-Paul Cajolais | April 2, 2001 |
| ----- | ----- |
| ** Signature of Reporting Person | Date |

** 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 provided 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 control number.