## Edgar Filing: OHANA ISSACHAR - Form 4

OHANA ISS	SACHAR										
Form 4											
August 07, 2											
FORM			CECIU				NCEO	OMMERION		PROVAL	
	UNITED	SIAIES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th			,,,,	sinigton,	<b>D.C. 2</b> 0	547			Expires:	January 31,	
if no long subject to		IENT OF	F CHAN	GES IN BENEFICIAL OWNERSHI				<b>VERSHIP OF</b>		2005	
Section 1				SECURITIES					Estimated average burden hours per		
Form 4 o	or								response	0.5	
Form 5 obligatio							•	e Act of 1934,			
may cont				•	•	· ·	•	1935 or Section	1		
See Instr	uction	30(h)	of the Ir	vestment	Compar	iy Ac	t of 1940	0			
1(b).											
(Print or Type I	Responses)										
× 51	1 /										
1. Name and A	Address of Reporting	Person <sup>*</sup>	2. Issue	r Name <b>and</b>	Ticker or	Tradi	ng	5. Relationship of	Reporting Person(s) to		
OHANA ISSACHAR Symbol				bl				Issuer			
				VA INC [CEVA]				(Check	c all applicable	)	
(Last) (First) (Middle) 3. Date of			3. Date o	Date of Earliest Transaction				(check an applicable)			
(Month/D				th/Day/Year)				Director 10% Owner			
CEVA, INC., 2033 GATEWAY 08/05/20				05/2009				XOfficer (give below)	title Othe below)	ther (specify	
PLACE, #1	50							· · · · · · · · · · · · · · · · · · ·	Vorldwide Sale	S	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mo	(Month/Day/Year)				Applicable Line)			
								_X_ Form filed by O Form filed by M			
SAN JOSE,	, CA 95110							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-D	<b>)</b> erivative	Secur	ities Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deem	ned	3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		Date, if	Transactio		•		Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct Benefit (D) or Owner	Ownership	
		(		(				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(			
Common Stock (1)	08/05/2009			S	2,123	D	\$ 8.5145	1,732	D		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Ad	dress	Relationships						
	Director	10% Owner	Officer	Other				
OHANA ISSACHAR CEVA, INC. 2033 GATEWAY PLACE, SAN JOSE, CA 95110	#150		EVP Worldwide Sales					
Signatures								
/s/ Issachar Ohana	08/07/2009							
<u>**</u> Signature of	Date							

#### \*\*Signature of Reporting Person

## **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) These shares were acquired under CEVA, Inc. 2002 Employee Stock Purchase Plan on July 31, 2009.

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.