Edgar Filing: SIGMA DESIGNS INC - Form 4

SIGMA DES	IGNS INC													
Form 4														
August 24, 20	015													
FORM	 4		татро	CECUD	TTEC					COMMERCION	r	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287					
Check this box if no longer subject to Section 16. Section 16.											Expires:	January 31,		
				F CHAN				CIAI	LOW	NERSHIP OF	Estimated a	2005 average		
					SECU	JRI	TIES				burden hours per			
Form 4 or Form 5 Eiled pursuant to Section 16(a) of the Securities Ex						Б	1		response	0.5				
obligation		-							-	ge Act of 1934,				
may conti	nue. Sectio	n 1/(a)		of the In	•		•	• •		f 1935 or Sectio	n			
See Instru	ction		50(II)	of the fir	vestille	ш	Company	Act	01 19	40				
1(b).														
(Print or Type R	esponses)													
Braham Tor Syr				2. Issuer	2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to				
				Symbol						Issuer				
				SIGMA DESIGNS INC [SIGM]					[]	(Check all applicable)				
(Last)	ast) (First) (Middle) 3. Date of Earliest Transaction				nsaction			(0.00	in an approach	•)				
					(Month/Day/Year)					X_Director10% Owner				
			08/20/2015						Officer (give title Other (specify below) below)					
FREMONT	BLVD.									,	,			
	(Street)			4. If Amer	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Fi				Filed(Mon	th/Day/Y	ear)				Applicable Line) _X_ Form filed by One Reporting Person				
EDEMONT	CA 04520									Form filed by N				
FREMONT,	CA 94558									Person				
(City)	(State)	(Z	Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transacti								5. Amount of	6. Ownership				
Security	(Month/Day/Year) Execu any			on Date, if TransactionAcquired (A)							Form: Direct	Indirect		
(Instr. 3)						Disposed of (D) (Instr. 3, 4 and 5)			•	(D) or Indirect (I)	Beneficial Ownership			
(Honda) De							-)	Following	(Instr. 4)	(Instr. 4)				
								(A)		Reported				
								or		Transaction(s) (Instr. 3 and 4)				
C					Code	V	Amount 7 011	(D)	Price	(und 1)				
Common Stock	08/20/201	5			А		7,911 (1)	А	\$0	58,023	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)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	9		Securit	ties	(Instr. 5)	Bene
. ,	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired				,		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(mou
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	ercisable Date		of		
				Code V	(A) (D)				Shares		
				Coue v	(A) (D)				Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Braham Tor C/O SIGMA DESIGNS, INC. 47467 FREMONT BLVD. FREMONT, CA 94538	Х						
Signatures							
/s/ Elias Nader, as attorney-in-fact	0	08/24/2015					
**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).

(1) The reported shares were acquired pursuant to a restricted stock award and are subject to time-based vesting provisions.

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.