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Form 4 October 23.	2014											
										OMB A	PPROVA	۹L
FORM	VI 4 UNITED	STATES		RITIES A			IGE	COMMISSIO	-	OMB Jumber:	3235	-0287
Subject to Section 16. Form 4 or Form 5 obligations may continue. Filed pursuant to Section 17(a) of the Pul 20(b) of				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940				F E b r	Estimated average ourden hours per		ry 31, 2005 0.5	
<i>See</i> Inst 1(b).	ruction	20(11)	or the h		e compa	19 1100	01 1					
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> SLAYEN HOWARD T			2. Issuer Name and Ticker or Trading Symbol AEHR TEST SYSTEMS [AEHR]			g	5. Relationship of Reporting Person(s) to Issuer					
						R]	(Check all applicable)					
(Last) 400 KATC	(First) (D TERRACE	Middle)		of Earliest T Day/Year) 2014	ransaction			_X_ Director			% Owner	,
				4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
FREMON	Г, СА 94539							Form filed by Person				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securit	ies A	cquired, Disposed	l of, or	Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D) 4 and 5) (A) or	Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form (D) (I)	wnership n: Direct or Indirect r. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al iip
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned dire	ctly o	r indirectly.				
								pond to the colle ained in this form			SEC 1474 (9-02)	

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	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Ar
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Se
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

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	Derivative Security			or Disposed of (D) (Instr. 3, 4, and 5)			
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 2.063	10/21/2014	А	10,000	11/21/2014 <u>(1)</u>	10/21/2021	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 2.063	10/21/2014	А	18,219	11/21/2014 <u>(2)</u>	10/21/2021	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SLAYEN HOWARD T 400 KATO TERRACE FREMONT, CA 94539	Х						
Signatures							
Gary L. Larson, Attorney-in-fact	10)/23/2014					
**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) One twelfth (1/12) of the total number of shares became exercisable on this date and an additional one twelfth (1/12) of the total number of shares became exercisable each month thereafter.
- (2) One sixth (1/6) of the total number of shares became exercisable on this date and an additional one sixth (1/6) of the total number of shares became exercisable each month thereafter.

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.