Edgar Filing: Fabrinet - Form 4

Fabrinet											
Form 4											
December 28	3, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	3 APPROVAL		
	- UNITED	SIAIE		hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi	s box		vv as	inington,	D.C. 20.	547				January 31,	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAR				SECURITIES					Estimated average burden hours per		
Form 4 or									response	•	
Form 5	• •							ge Act of 1934,			
obligation may cont				•	•	· ·		of 1935 or Sectio	on		
See Instru		30(h)) of the In	vestment	Compan	y Act	: of 19	940			
1(b).											
(Print or Type R	Responses)										
(
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Tradi					Fradin	g	5. Relationship of Reporting Person(s) to				
Olson Rollance E. Symbol				ol				Issuer			
Fabrin				brinet [FN]				(Check all applicable)			
(Last)	(First) (t) (Middle) 3. Date of Earliest Transa			ansaction				x an applicable)		
			nth/Day/Year)			_X_ Director10% Owner					
			12/15/20	2/15/2016			Officer (give title Other (specify below) below)				
FALLON ROAD #428											
			endment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Mon	Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, CA 94568					Form filed by M				lore than One Reporting		
	11)+500							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security				TransactionAcquired (A) or				Securities	Form: Direct	Indirect	
(Instr. 3) any (Month/Day/Year)			/Dav/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
				Following				(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Ondinom				Code V	Amount	(D)	Price	(
Ordinary Shares	12/15/2016			А	2,893 (1)	А	\$0	47,722	D		
onuros					<u> </u>						

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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I State and the second	Director	10% Owner	Officer	Other				
Olson Rollance E. C/O FABRINET USA, INC. 3736 FALLON ROAD #428 DUBLIN, CA 94568	Х							
Signatures								
Andrew Chew, Attorney-in-fac Olson	1	12/28/2016						
**Signature of Reporting I		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).
- These are restricted stock units awarded to the Reporting Person as partial compensation for serving on the Issuer's Board of Directors.
 (1) Each restricted stock unit represents a contingent right to receive one Ordinary Share of Issuer stock and will vest on January 1, 2018, provided the Reporting Person continues to serve through such date.

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.