Edgar Filing: LAM RESEARCH CORP - Form 4

LAM RESEA	ARCH CORP											
Form 4												
November 12	2, 2014											
FORM		SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
. •	• UNITE	D STATE						NGE (COMMISSION	ONID	3235-0287	
Check this	s box		Was	hingto	n, I	D.C. 205	549			Number:	January 31,	
if no long	or	MENT O		CEC D	NT D	FNIFFI	CIAI		NEDSUID OF	Expires:	2005	
subject to			T CHAIN		GES IN BENEFICIAL OWNERS SECURITIES					Estimated	~	
Section 10 Form 4 or		SECUKITIES								burden hours per response 0.5		
Form 5	Filed p	ursuant to	Section 16	$\delta(a)$ of f	the	Securiti	es Ez	cchang	ge Act of 1934,	response	. 0.5	
obligation	¹⁸ Section 1								f 1935 or Sectio	n		
may conti <i>See</i> Instru		30(h)) of the Inv	vestmer	nt C	Company	y Act	of 19	40			
1(b).												
	`											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship						5. Relationship of	f Reporting Person(s) to					
INMAN GRANT M Symb									Issuer			
			LAM RI	ESEAR	RCF	H CORP	[LR	CX]			`	
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			(Cheo	ck all applicabl	e)	
			(Month/Da	Ionth/Day/Year)					X Director 10% Owner			
C/O LAM RESEARCH 11/07/20				-					Officer (give title Other (specify below)			
	FION, 4650 CU	USHING							below)	Delow)		
PARKWAY												
			4. If Amer	If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	ed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
EDEMONIT	CA 04529									More than One R		
FREMONT,	CA 94556								Person			
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction I	Date 2A. De	emed	3.		4. Securi	ties		5. Amount of	6. Ownership		
Security	(Month/Day/Ye		ion Date, if	Transa Code	ctio	nAcquired			Securities		Indirect	
(Instr. 3)		any (Month/Day				Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intointii	<i>(Du)</i> (1011)	(Instr.	0)	(11541.5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price	(
Common Stock	11/07/2014			А		2,400	А	\$0	87,638 <u>(1)</u>	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

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Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer		
INMAN GRANT M C/O LAM RESEARCH CORPORATION 4650 CUSHING PARKWAY FREMONT, CA 94538	Х				
Signatures					
Aaron Beckman by Power of Attorney	11/12/20)14			
<u>**</u> 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) Amount reported includes shares subject to unvested Restricted Stock Units.

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.