

# ICHOR HOLDINGS, LTD. Reported by CARSON MAURICE EUGENE

# FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 08/09/17 for the Period Ending 08/01/17

Address 3185 LAURELVIEW CT. FREMONT, CA, 94538 Telephone 510-897-5200 CIK 0001652535 Symbol ICHR Fiscal Year 12/27

Powered By EDGAROnline

http://www.edgar-online.com

© Copyright 2020, EDGAR Online, a division of Donnelley Financial Solutions. All Rights Reserved. Distribution and use of this document restricted under EDGAR Online, a division of Donnelley Financial Solutions, Terms of Use.

FORM 4	
--------	--

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
		(Check all applicable)			
CARSON MAURICE EUGENE	ICHOR HOLDINGS, LTD. [ ICHR ]	X Director 10% Owner			
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X     Officer (give title below)   Other (specify below)			
C/O ICHOR HOLDINGS, LTD., 3185	8/1/2017	President, CFO, Director			
LAURELVIEW CT.					
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)			
FREMONT, CA 94538 (City) (State) (Zip)	8/3/2017	<b>X</b> Form filed by One Reporting Person Form filed by More than One Reporting Person			

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Co	de	4. Securi	ties Acqui	red (A)	5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)			(Instr. 8)		or Dispo	sed of (D)		Following Reported Transaction(s)	Ownership	
		Date, if any			(Instr. 3,	4 and 5)		(Instr. 3 and 4)	Form:	Beneficial
									Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Ordinary Shares, par value \$0.0001	8/1/2017	8/1/2017	S		12300	D	\$20.81	70031 (1)	D	

#### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

								· · · · · · · · · · · · · · · · · · ·	,		····		,		
1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C	Code	5. Number	of	6. Date Exer	cisable and	7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	Expiration I	Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (	A) or	-		Deriv	ative Security	Security	Securities	Form of	Beneficial
	Price of					Disposed o	f (D)			(Instr	. 3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4	and 5)						Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
								Date	Expiration	<b>T</b> <sup>1</sup> .1	Amount or Number of Shares		Reported	or Indirect	
								Exercisable	Date	Title	Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)						(Instr. 4)	4)	

### **Explanation of Responses:**

(1) This amended Form 4 corrects the numbers of ordinary shares held by the reporting person after giving effect to the reported sale.

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CARSON MAURICE EUGENE C/O ICHOR HOLDINGS, LTD. 3185 LAURELVIEW CT. FREMONT, CA 94538			President, CFO, Director				

### Signatures

/s/Nelda	Young by	Power of Attorney	8/9/2017
/ 5/ 1 (Clut	I oung by	I ower of metoriney	0///=01/

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.