

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

□ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

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 [*] -	2. Issuer Name	and Ticker or	Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
Smith Christopher	ICHOR HO	DLDINGS, I	LTD. [ICHR]	(Check all applicable)			
(Last) (First) (Middle)	3. Date of Earl	iest Transaction	n (MM/DD/YYYY)	X_Officer (give title below)	0% Owner Other (specify	below)	
C/O ICHOR HOLDINGS, LTD., 3185		2/14/20	24	Chief Commercial Officer			
LAURELVIEW CT (Street)		· D · O · ·	1.5.1.1				
(Street) FREMONT, CA 94538	4. If Amendme	nt, Date Origin	al Filed (MM/DD/YYYY)	Ĩ	-	licable Line)	
(City) (State) (Zip)				X Form filed by One Reporting Person Form filed by More than One Reportin	g Person		
Table I - No	n-Derivative Sec	urities Acquir	ed, Disposed of, or Be	neficially Owned			
1. Title of Security 2. Trans		3. Trans. Code		5. Amount of Securities Beneficially Owned	6.	7. Nature	

- 1	1. The of Security	2. ITalis. Date	ZA. Deemeu	J. mans. Co	uc	4. Securi	nes requ	ncu (A)	5. Amount of Securities Beneficiary Owned	0.	/. Ivature
	Instr. 3)		Execution	(Instr. 8)		or Disposed of (D)			Following Reported Transaction(s)	Ownership	of Indirect
			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.	
L				Code	V	Amount	(D)	Price		4)	
•	Ordinary Shares, par value \$0.0001	2/14/2024		Α		1,731	Α	\$0 <mark>(1)</mark>	71,200	D	
•	Ordinary Shares, par value \$0.0001	2/28/2024		F		962	D	\$43.83	70,238	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 Exe	rcisable	7. Titl	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	and Expirati	ion Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A	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 a	and 5)						Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
								Diti	E		A			or Indirect	
								Date	Expiration	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Exercisable	Date		Snares		(Instr. 4)	4)	

Explanation of Responses:

(1) The reported securities represent performance share units originally granted on May 11, 2021 for which performance was certified on February 14, 2024 and settlement was made in ordinary shares on February 28, 2024.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Wante / Address	Director	10% Owner	Officer	Other				
Smith Christopher C/O ICHOR HOLDINGS, LTD. 3185 LAURELVIEW CT FREMONT, CA 94538			Chief Commercial Officer					

Signatures

/s/	Chase Rosson by Power of A	Attorney	2/28/2024

**Signature of Reporting Person

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

Date

- * 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.