

# Reported by CARSON MAURICE EUGENE

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 08/03/17 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





[] 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

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## 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

| Name and Address of Reporting Person *         |   |                         |                                     |              |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |  |            |   |            |           |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)               |  |   |   |  |                         |
|--|---|-------------------------|-------------------------------------|--------------|--|--|--|------------|---|------------|-----------|---|---|--|---|---|--|-------------------------|
| CARSON N                                       | <b>IAURIC</b>                                       | E EUG                   | ENE                                 |              | IC   | CHC  | OR HO  | OLDING     | GS,   | LTD        | ). [ IC   | HR]   |   |  |   |   |  |                         |
| (Last) (First) (Middle)                        |   |                         |                                     |              | 3.   | 3. Date of Earliest Transaction (MM/DD/YYYY)       |  |            |   |            |           |   |   |  |   |   | 10% Owner  |                         |
|  |   |                         |                                     |              |  |  |  | 0.1        | 4 15 0  |            |           |   | X Officer (give title below) Other (specify below)  President, CFO, Director          |  |   |   |  |                         |
| C/O ICHOR HOLDINGS, LTD., 3185                 |   |                         |                                     |              |  | 8/1/2017   |  |            |   |            |           |   |   | Tresident, CI                            | o, Direc  |   |  |                         |
| LAUREL V                                       |   |                         |                                     |              |  |  |  |            |   |            |           |   |   |  |   |   |  |                         |
| (Street)                                       |   |                         |                                     |              | 4.   | 4. If Amendment, Date Original Filed (MM/DD/YYYY)  |  |            |   |            |           |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                           |  |   |   |  |                         |
| FREMONT, CA 94538                              |   |                         |                                     |              |  |  |  |            |   |            |           |   | _ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |  |                         |
| (City) (State) (Zip)                           |   |                         |                                     |              |  |  |  |            |   |            |           |   |   | Torin med by                             | Wiore man   | one Reporting I                                       | CISOII   |                         |
|  |   |                         | Table                               | I - Non      | -De  | rivat  | ive Sec  | urities Ac | equir   | red, D     | isposed   | of, or  | Be  | neficially Own                           | ed  |   |  |                         |
| 1.Title of Security<br>(Instr. 3)              |   |                         | 2. Trans.                           | Date         | te 2A. Deemed<br>Execution<br>Date, if any |  | 3. Trans. Co<br>(Instr. 8)   | ode        | 4. Securities Acq<br>or Disposed of (I<br>(Instr. 3, 4 and 5) |            | D)        | 5. Amount of Securitie<br>Following Reported To<br>(Instr. 3 and 4) |   | ies Beneficially Owned<br>Transaction(s) |   | Ownership<br>Form:                                    | 7. Nature of Indirect Beneficial                                   |                         |
|  |   |                         |                                     |              |  |  |  | Code       | v   | Amou       | nt (A) c  | r<br>Prie   | ce  |  |   |   | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)                     | Ownership<br>(Instr. 4) |
| Ordinary Shares, par value \$0.0001 8/1/       |   |                         |                                     |              | 17   | 7 8/1/2017   |  | M          |   | 12300      | A         | \$8.0   | )5  | 1  | 87331   |   | D  |                         |
| Ordinary Shares, par value \$0.0001 8/1        |   |                         |                                     | 8/1/201      | 17   | 7 8/1/2017   |  | S (1)      |   | 5000 D     |           | \$20.   | 82  | 82331                                    |   | D   |  |                         |
| Ordinary Shares, par value \$0.0001 8/1/2      |   |                         |                                     |              | 17   | 8/1/2017   |  | S (1)      |   | 12300      | D         | \$20.   | 81  | 75031                                    |   |   | D  |                         |
|  | Tal   | ble II - De             | erivative                           | Securi       | ties                                       | Bene   | eficially  | Owned (    | e.g.  | , puts     | s, calls, | warra   | nts,  | options, conve                           | rtible sec  | urities)  |  |                         |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Trans.<br>Date       | 3A. Deer<br>Execution<br>Date, if a | on (Instr. 8 |  |  | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |            | Date Exercisable and<br>Expiration Date                       |            |           |   | Underlying Derivative Security  |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned | Form of Derivative Security:                          | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                         |
|  | Security  |                         |                                     |              |  | V (A)  |  | (D)        | Date<br>Exerc   | cisable    |           | Title   |   | Amount or<br>Number of<br>Shares         |   | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)                     |                         |
| Option (right to buy)                          | \$8.05  | \$8.05 8/1/2017 8/1/201 |                                     | 17 M         |  |  |  | 12300      |   | <u>(2)</u> | 3/12/2019 | Ordinar<br>Shares   |   | 12300                                    | \$0.00  | 24927   | D  |                         |

#### **Explanation of Responses:**

- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) The option vests as follows: 25% of the option grant vested on March 12, 2013 and the remainder vests ratably on a quarterly basis over a three year period thereafter. This option has fully vested.

#### **Reporting Owners**

| 1 3  | Relationships |           |                                       |      |  |  |  |  |
|--|---------------|-----------|---------------------------------------|------|--|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | · · · · · · · · · · · · · · · · · · · | Othe |  |  |  |  |
| CARSON MAURICE EUGENE<br>C/O ICHOR HOLDINGS, LTD.<br>3185 LAUREL VIEW CT.<br>FREMONT, CA 94538 | X             |           | President, CFO, Director              |      |  |  |  |  |

#### **Signatures**

/s/ Nelda Young by Power of Attorney

\*\*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. |  |
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