

ICHOR HOLDINGS, LTD.

Reported by **CANTY KEVIN M.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/16/18 for the Period Ending 08/15/18

Address 3185 LAURELVIEW CT.

FREMONT, CA, 94538

Telephone 510-897-5200

CIK 0001652535

Symbol ICHR

SIC Code 3674 - Semiconductors and Related Devices

Industry Semiconductors

Sector Technology

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

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 *						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CANTY KE	VIN M.				IC	НО	R H	OLDING	GS,	LTD). [IC	H	R]	Dimento		10	0/ Они	
(Last)	(First	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)									r (give title bel	ow)	% Owner Other (speci	fy below)
C/O ICHOR LAUREL VI			Г D., 3	185				8/1	5/20	018				Chief Oper	rating Offic	er		
	(Stre				4. Ii	f Am	nendme	ent, Date C	Origii	nal Fi	led (MN	1/DE	D/YYYY	6. Individua	al or Joint/G	roup Filing	(Check Appl	icable Line)
FREMONT,	CA 9453 ity) (Sta		p)												ed by One Repo	orting Person One Reporting I	erson	
			Table I	I - Non-l	Deri	ivati	ve Sec	urities Ac	quir	ed, D	ispose	d of	f, or Be	eneficially Ov	vned			
1. Title of Security (Instr. 3) 2. Trans			2. Trans. Da	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	or Dis		Disposed of (Disposed of (Dispo			5. Amount of Sec Following Report (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amou	int (A)		Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Ordinary Shares, par value \$0.0001 8/15/20				8/15/2018	8 8/15/2018		M		3270 (1)		١.	\$0.00	3270		D			
	Tab	le II - Deri	vative \$	Securiti	es B	Benef	ficially	Owned (e.g.	, puts	, calls,	wa	ırrants	, options, con	vertible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Dee Execution Date, if a			Derivati Securitie (A) or D (D)			6. Date Exercisable and Expiration Date		S	Securities	Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Со	ode	V	(A)	(D)	Date Exerc	cisable	Expirati Date	on T	Γitle	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Unit	<u>(2)</u>	8/15/2018	8/15/20	018 M	I			5000		<u>(2)</u>	<u>(2)</u>		Ordinar Shares	y 5000	\$0.00	15000	D	

Explanation of Responses:

- (1) Of the RSUs that vested, 1,730 ordinary shares were withheld to cover federal and state withholding taxes.
- (2) The restricted stock unit ("RSU") represents a contingent right to receive ordinary shares of Ichor Holdings, Ltd. The RSU vests as follows: 25% of the RSU vests on August 15, 2018 and the remainder vests ratably on a quarterly basis over a three year period thereafter.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CANTY KEVIN M. C/O ICHOR HOLDINGS, LTD. 3185 LAUREL VIEW CT. FREMONT, CA 94538			Chief Operating Officer					

Signatures

/s/ Chase Rosson by Power of Attorney	8/16/2018		
** 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

