

## ICHOR HOLDINGS, LTD.

# Reported by **ANDRESON JEFF**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 11/13/18 for the Period Ending 11/13/18

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

1. Name and Address of Reporting Person *					2. ]	2. Issuer Name <b>and</b> Ticker or Trading Symbol						ol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Andreson Jeff					IC	ICHOR HOLDINGS, LTD. [ ICHR ]											
(Last)	(Last) (First) (Middle)				3. ]	3. Date of Earliest Transaction (MM/DD/YYYY)							Director				
					11/12/2010							"	XOfficer (give title below)Other (specify below)  Chief Financial Officer				
C/O ICHOR HOLDINGS, LTD., 3185						11/13/2018							011100	-			
LAURELVIEW COURT (Street)				4 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)							v) 6 Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
	`	,			7.	п Ап	iciidiiic	in, Date C	'iigii	iai i iic	u (MINI/D	D/111	o. marviduar	Ji Joint/G	roup rining (	спеск Аррі	icable Line)
FREMONT, CA 94538													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	(City) (State) (Zip)											Form fried by	1 of the free day whole than one reporting reason				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)			Date	Execution Date, if an		(Instr. 8)		de 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)				i. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)		6. 7. Nature Ownership Form: Beneficial			
								Code	v	Amoun	(A) or (D)	Price	,				Ownership (Instr. 4)
Ordinary Shares				11/13/20	18			P		6500	A	\$15.90	) 4	5100 (1)		D	
Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)																	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	se	Executi	3A. Deemed Execution Date, if any		Acc Dis		Number of rivative Securities quired (A) or sposed of (D) str. 3, 4 and 5)		6. Date Exercisable and Expiration Date			e and Amount of ties Underlying tive Security 3 and 4)		derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			(	Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

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

(1) Includes 28,600 unvested RSUs that were previously reported under Table II.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	Officer	Other				
Andreson Jeff C/O ICHOR HOLDINGS, LTD 3185 LAURELVIEW COURT FREMONT, CA 94538			Chief Financial Officer				

#### **Signatures**

/s/ Chase Rosson by Power of Attorney	11/13/2018		
**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 number.