

Reported by BARROS PHILIP RYAN SR.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/20/19 for the Period Ending 05/14/19

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

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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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BARROS P	HILIP R	YAN SR	R.		ICH(OR HO	DLDIN	GS,	LTD). [IC	Ή	R]						
(Last	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner X Officer (give title below) Other (specify below)					
C/O ICHOR HOLDINGS, LTD., 3185 LAURELVIEW COURT				.85	5/14/2019									Officer (give title below) Other (specify below) Chief Technology Officer				
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)) 6.	6. Individual or Joint/Group Filing (Check Applicable Line)					
FREMONT, CA 94538 (City) (State) (Zip)												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I	- Non-D)eriva	tive Sec	urities A	cquir	ed, D	ispose	d o	f, or B	enefic	cially Own	ed			
1. Title of Security (Instr. 3)			Trans. Da	Exec	Deemed cution e, if any	3. Trans. Code (Instr. 8)		4. Securities Acquor Disposed of (Disposed of (Instr. 3, 4 and 5)		(D)		5. Amount of Securiti Following Reported T (Instr. 3 and 4)		ties Beneficially Owned Transaction(s)		Form:	Beneficial	
							Code	v	Amo	unt (A)		Price					Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Ordinary Shares, par value \$0.0001 5/14/201			5/14/2019	9		A		2637 (1)		\	\$0.00			53680		D		
	Tab	ole II - Der	ivative S	Securitie	s Ben	eficially	Owned	(e.g.	, puts	s, calls,	Wa	arrants	s, opti	ions, conve	rtible sec	curities)		
	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if an	(Instr.	ns. Code 8)	e 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		S	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		lying		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Cod	e V	(A)	(D)	Date Exerc	isable	Expiration Date	on .	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Option (right to buy)	\$22.56	5/14/2019		A	A 2			5/14/2		5/14/2026		Ordinary Shares, par value \$0.0001		22914	\$0.00	22914	D	

Explanation of Responses:

- (1) Represents a restricted stock unit ("RSU") grant, which vests as follows: 25% of the RSU vests on May 14, 2020 and the remainder vests ratably on a quarterly basis over a three year period thereafter.
- (2) The option vests as follows: 25% of the option vests on May 14, 2020 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					
BARROS PHILIP RYAN SR. C/O ICHOR HOLDINGS, LTD. 3185 LAURELVIEW COURT FREMONT, CA 94538			Chief Technology Officer						

Signatures

/s/ Chase Rosson by Power of Attorney 5/20/2019
**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.