

Reported by BLACK LAURA A.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/14/20 for the Period Ending 05/12/20

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

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. I | ssue | r Name | and Ticke | er or | Tradi | ng Syr | nbo | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|----------|-----------------------------------|--|--------|--|------------|---|---|------------------|------|---|---|-------------------------------|---|---|--|
| Black Laura | A. | | | | IC | НО | R HO | LDING | S, I | LTD | . [IC | H | R] | | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | X_ Director 10% Owner Officer (give title below) Other (specify below) | | | pelow) | |
| C/O ICHOR HOLDINGS, LTD., 3185 LAURELVIEW COURT | | | | | | | | 5/12 | 2/20 | 20 | | | | | | | | |
| LAUKELVI | (Stre | | | | 4. I | f An | nendmer | nt, Date O | rigin | nal File | ed (MM | /DE | D/YYY | Y) 6. Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) |
| FREMONT, | CA 9453 ity) (Sta | | p) | | | | | | | | | | | X_Form filed b | | ting Person One Reporting F | 'erson | |
| | | | Table 1 | I - Noi | ı-Der | ivati | ive Secu | rities Acc | quire | ed, Di | sposed | l of | f, or 1 | Beneficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | | . Date | | | 3. Trans. Co (Instr. 8) | de | or Disp | curities Acqui sposed of (D) c. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Ordinary Shares, pa | ar value \$0.000 | 01 | | 5/12/2 | 020 | | | Code A | V | Amour | nt (É |) | Pric \$0.0 | + | 15940 | | 4) D | |
| | Tab | le II - Dei | rivative | Secui | ities | Bene | eficially | Owned (| e.g., | I | | wai | rran | ts, options, conve | rtible seco | urities) | l | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | Executio | BA. Deemed Execution Date, if any | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date | | | | Securi Deriva | e and Amount of ties Underlying ative Security 3 and 4) | nderlying Derivative Security | | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | | Code | V | (A) | (D) | Date Exerc | cisable | Expirati Date | on | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Consists of an RSU grant, representing the right to receive Ordinary Shares of Ichor Holdings, Ltd. The RSU vests in full on May 10, 2021.

Reporting Owners

| reporting Owners | | | | | | | | |
|--------------------------------|---------------|-----------------------|--|--|--|--|--|--|
| Panarting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director | 0% Owner Officer Othe | | | | | | |
| Black Laura A. | | | | | | | | |
| C/O ICHOR HOLDINGS, LTD. | X | | | | | | | |
| 3185 LAURELVIEW COURT | | | | | | | | |
| FREMONT, CA 94538 | | | | | | | | |

Signatures

/s/ Chase Rosson 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.