FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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 and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer				
					~~~	0 D VV 0			-			(Check all app	olicable)			
Andreson Je	ff			Į.	ICH	OR HC	DLDING	S,	LTD.	[ ICH	R J	W D'		100	/ 0	
(Last) (First) (Middle)				3	3. Dat	e of Earli	est Transa	ctio	ı (MM/D	D/YYYY)	X_ Director	X Director 10% Owner  X Officer (give title below) Other (specify below)				
												X Onicer (gr		· —	ner (specify	below)
C/O ICHOR		NGS, Ľ	TD., 3	185			2/14	1/2(	)24			Cilici Exceut	ive Office	<b>(1</b>		
LAURELVI	EW CT															
	(Stre	et)		4	1. If A	mendme	nt, Date O	rigir	al Filed	d (MM/DI	O/YYYY	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
FREMONT,	CA 0453	Q										N E 61 11	0 P	.: D		
												_X _ Form filed b Form filed by		rting Person One Reporting F	Person	
(C	city) (Sta	te) (Zi	ip)													
			Table l	I - Non-D	eriva	tive Seci	ırities Acc	uir	ed, Dist	oosed of	f, or Bo	eneficially Owne	d			
1.Title of Security				2. Trans. Da		Deemed	3. Trans. Co	•		ities Acqu		5. Amount of Securit		ally Owned	6.	7. Nature
(Instr. 3)				Execution Date, if any		(Instr. 8)		or Disposed of (D)			Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	of Indirect Beneficial Ownership	
															or Indirect	(Instr. 4)
							Code	V	Amount	(A) or (D)	Price				(I) (Instr. 4)	
Ordinary Shares, p	ar value \$0.00	01		2/14/2024			A		6,922	A	\$0 (1)			252,205	D	
Ordinary Shares, p	ar value \$0.00	01		2/28/2024			F		3,841	D	\$43.83			248,364	D	
			•													
	Tab	le II - De	rivative	Securition	es Ber	neficially	Owned (	e.g.,	puts, c	alls, wa	rrants	options, conver	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Trans. Date Execution Date, if any  3. Deemed 4. Execution Date, if any		on (Instr.			ve Securities		nd Expiration Date Securit					9. Number of derivative Securities	10. Ownership Form of	11. Nature of Indirect Beneficial		
		,		Disposed of (D) (Instr. 3, 4 and 5)					(Instr. 3			Beneficially Owned Following	Derivative Security: Direct (D)	Ownership (Instr. 4)		
	-344119			Coo	le V	7 (A)	(D)	Date Exe	e H rcisable I	Expiration Date		mount or Number of		Reported Transaction(s) (Instr. 4)	or Indirect	

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

(1) The reported securities represent performance share units originally granted on May 11, 2021 for which performance was certified on February 14, 2024 and settlement was made in ordinary shares on February 28, 2024.

**Reporting Owners** 

reporting owners									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	<u>,                                      </u>	Other					
Andreson Jeff C/O ICHOR HOLDINGS, LTD.	•								
3185 LAURELVIEW CT	X		Chief Executive Officer						
FREMONT, CA 94538									

### Signatures

/s/ Chase Rosson by Power of Attorney

2/28/2024

**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.