

ICHOR HOLDINGS, LTD.

Reported by **ANDRESON JEFF**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/21/18 for the Period Ending 02/15/18

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. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer					
A 1 T CC				10	ICHOD HOLDINGS LTD (ICHD)							(Che	(Check all applicable)				
Andreson Jeff					ICHOR HOLDINGS, LTD. [ICHR]								Director 10% Owner				
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)							X_	X Officer (give title below) Other (specify below)				
C/O ICHOR HOLDINGS, LTD., 3185				5	2/15/2018							Chie	Chief Financial Officer				
LAURELVI			,														
(Street)				4.]	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)				
FREMONT, CA 94538													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																	
		ŗ	Гable I - N	Non-Der	ivati	ive Secu	rities Ac	equire	ed, D	isposed	of, or B	eneficia	lly Own	ed			
1.Title of Security (Instr. 3)			ans. Date	2A. E Execu Date,	tion (Instr. 8)		ode 4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)		Following Reported (Instr. 3 and 4)		Reported 7			Ownership Form: of Indirect Beneficia	7. Nature of Indirect Beneficial Ownership		
				Code V Amount (A) or (D) Price					or Indirect (I) (Instr. 4) (Instr. 4)								
	Tabl	le II - Deri	vative Sec	urities l	Bene	ficially (Owned (e.g. ,	, puts	s, calls, w	arrants	s, optior	ıs, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)			3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		Securities	s Underlyi e Security	Underlying Security		derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title		unt or ber of es		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Option (right to buy)	\$24.89	2/15/2018		A		10200		C	1)	2/15/2025	Ordina Shares		10200	\$0.00	10200	D	
Restricted Stock Unit	\$0.00 (2)	2/15/2018		A		4600		C	2)	<u>(2)</u>	Ordina Shares		4600	\$0.00	4600	D	

Explanation of Responses:

- (1) The option vests as follows: 25% of the option vests on February 15, 2019 and the remainder vests ratably on a quarterly basis over a three year period thereafter.
- (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 February 15, 2019 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			
Andreson Jeff C/O ICHOR HOLDINGS, LTD. 3185 LAURELVIEW COURT FREMONT, CA 94538			Chief Financial Officer				

Signatures

/s/ Nelda Young 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.