Edgar Filing: Low Raymond Anthony - Form 4

| Low Raymon | d Anthony | | | | | | | | | | |
|--|---|-----------------|--|--|-------------|------------------------------|--------------------------|----------------------------|---------------------------------------|--------------|--|
| Form 4 | | | | | | | | | | | |
| August 03, 20 |)10 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | PROVAL | | | |
| CONVIA UNITED STATES SECURITIES AND EXC Washington, D.C. 205 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this | | | | | | | | | Expires: | January 31, | |
| if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL | | | | | CIAI | LOW | NERSHIP OF | Estimated a | 2005 average | | |
| Section 16 | 5 . | SECURITIES | | | | | | burden hou | | | |
| Form 4 or | | | | | | | | | response | response 0.5 | |
| Form 5 obligation | ~ ^ | | | | | | • | e Act of 1934, | | | |
| may contin | | | | • | • | • • | | f 1935 or Section | n | | |
| See Instru | ction | 30(h) | of the In | vestment | Company | / Act | of 194 | 10 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| | | | | | | 5. Relationship of Issuer | f Reporting Person(s) to | | | | |
| - | | | Symbol | | - | | | 155401 | | | |
| | | | AXTIN | IC [AXTI | .] | | | (Check all applicable) | | | |
| (Last) | (First) (| (Middle) | 3. Date of | Earliest Tr | ansaction | | | | | | |
| | | | | Month/Day/Year) | | | | Director | | Owner | |
| 4281 TECHI | NOLOGY DRIV | VE | 08/03/20 | 010 | | | | X Officer (give below) | below) Acting CFO | er (specify | |
| | (Street) | | 4. If Ame | ndment, Da | te Original | | | 6. Individual or Jo | oint/Group Filir | 1g(Check | |
| | | | | th/Day/Year | - | | | Applicable Line) | • | | |
| | | | | | | | | _X_ Form filed by (| | | |
| FREMONT, | CA 94538 | | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecurit | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security | 2. Transaction Date 2A. Deeme (Month/Day/Year) Execution I | | | a Date, if Transaction(A) or Disposed of (D) | | | | 5. Amount of Securities | 6. Ownership Form: Direct | Indirect | |
| (Instr. 3) | | any (Month/I | Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) | | | | Owned | Indirect (I) | Beneficial Ownership (Instr. 4) | | |
| | | | | | | (A) | | Reported | (| (| |
| | | | | | | (A) or | | Transaction(s) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common stock | 08/03/2010 | | | А | 11,000 | А | \$ 5.83 | 41,000 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Year) (A) ed of | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|---|--------------------|--|-----------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Number of Share |
| Common stock | \$ 5.83 | 08/03/2010 | | А | 33,000 | 08/03/2011(1) | 08/03/2020 | common stock | 33,00 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Low Raymond Anthony 4281 TECHNOLOGY DRIVE FREMONT, CA 94538 | 2 | | Acting CFO | | | | |
| Signatures | | | | | | | |
| /s/ Raymond A. 0 | 8/03/2010 | | | | | | |

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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).

(1) 1/4 vested on one year anniversary, and 1/48 monthly thereafter

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.