Edgar Filing: Dorchak Glenda - Form 4/A

Dorchak G Form 4/A May 19, 20											
FORM									OMB A	APPROVAL	
	UNITED	STATES		RITIES A ashington			IGE (COMMISSIO	N OMB Number:	3235-0287	
Check t if no los	nger								Expires:	January 31,	
subject Section Form 4	to SIATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated burden ho response.	urs per	
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17	(a) of the l	Public U		ding Co	mpany A	Act o	ge Act of 1934 f 1935 or Secti 40			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Dorchak Glenda			2. Issuer Name and Ticker or Trading Symbol				<u>,</u>	5. Relationship of Reporting Person(s) to Issuer			
			Mellanox Technologies, Ltd. [MLNX]					(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction				X_ Director 10% Owner Officer (give title Other (specify				
350 OAKMEAD PARKWAY, SUITE 100			(Month/Day/Year) 07/20/2009				below)	below)	lier (speerly		
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
SUNNYVALE, CA 94085			Filed(Month/Day/Year) 07/21/2009				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivative	Securiti	ies Aco	quired, Disposed	of, or Beneficia	ally Owned	
1.Title of	2. Transaction Date	2A. Deemo		3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any (Month/Da		Transactio Code (Instr. 8)	nAcquired Disposed (Instr. 3,	of (D)	H (H	Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D) Pr]	Transaction(s) Instr. 3 and 4)			
Reminder: Re	eport on a separate lin	e for each cl	ass of sec			. ,		indirectly			
Kenninder, Ke	port on a separate mi	e for each ch		unities bener	Perso inforr requi	ons who nation c red to re ays a cu	o resp contai espor	ond to the colle ined in this form nd unless the fo ly valid OMB co	n are not orm	SEC 1474 (9-02)	
	Tab			curities Acq ls, warrants				eneficially Owne curities)	d		
1 Title of	2 3 Tra	neaction Dat	e 34 D	eemed	4	5 Nu	umber (of 6 Date Ever	cisable and	7 Title and Amou	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (M Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non Qualified Stock Option (right to buy)	\$ 13.66	07/20/2009 <u>(1)</u>		А	57,142		(2)	07/20/2019	Ordinary Shares	57,142

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer (unit) (read of	Director 10% Owner		Officer	Other				
Dorchak Glenda 350 OAKMEAD PARKWAY SUITE 100 SUNNYVALE, CA 94085	Х							
Signatures								
/s/ Glenda Dorchak by Jacob Sl Attorney	ower of		05/19/2011					

**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) This Form 4 is hereby amended for the sole purpose of attaching the Reporting Person's limited power of attorney as Exhibit 24. No other changes to the original Form 4 are being made by this Form 4/A.
- (2) The shares subject to the option vest in 36 equal and successive monthly installments measured from July 20, 2009, such that 100% of the shares subject to the option will be fully vested and exercisable on July 20, 2012.

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.