Edgar Filing: Patterson John Michael - Form 4

Patterson John	n Michael										
Form 4											
August 09, 20	018										
FORM	4								OMB AP	PROVAL	
••••••	• UNITED S	TATES					NGE COI	MMISSION	OMB	3235-0287	
Check this	box		wasi	nington, 1	D.C. 20:	549			Number:	January 31,	
if no longer				GES IN BENEFICIAL OWNER				DCHID OF	P OF Estimated average burden hours per response 0.5		
subject to				SECURITIES				KSIIII OF			
Section 16. Form 4 or				SECONTIES							
Form 5								ct of 1934.			
obligations	Section 17(a)						-	35 or Section			
may contir See Instruc		30(h) c	of the Inv	estment (Company	y Act	of 1940				
1(b).											
	,										
(Print or Type Re	esponses)										
1 Name and Ad	ldress of Reporting P	ercon *		NT	T. 1 7	г. I [.]	5	Relationship of R	enorting Perso	$\mathbf{n}(s)$ to	
Patterson Joh		_	2. Issuer I Symbol	Name and '	licker or	I radin	0	uer	eporting reise	m(s) to	
			•	INC [XL	NXI						
(It)	(Einst) (M			_	_			(Check	all applicable)		
(Last)	(First) (M			Earliest Tra	insaction			Director	10%	Owner	
2100 LOGIC DRIVE			(Month/Day/Year) 08/08/2018					Officer (give title Other (specify			
2100 20 010	210,2	·	00/00/20	10			bel	ow)	below)		
(Street)		4. If Amendment, Date Original 6				6.	6. Individual or Joint/Group Filing(Check				
Filed(Month							pplicable Line) K_ Form filed by One Reporting Person				
SAN JOSE (74 05124						_^	_ Form filed by On Form filed by Mo			
SAN JOSE, O	LA 93124						Per	rson	-	-	
(City)	(State) (2	Zip)	Table	I - Non-De	erivative S	Securi	ties Acquire	ed, Disposed of,	or Beneficially	y Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Executior	n Date, if	Transaction Disposed of (D)			(D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)			Code (Instr. 3, 4 and 5) $(1 + 1)$					Beneficial Ownership	
		'Day/Year) (Instr. 8)					Owned Following	Direct (D) or Indirect	(Instr. 4)		
						(A)		Reported	(I)	· · · ·	
						or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
XLNX	0010010010			~	3,000	-	\$				
COMMON	08/08/2018			S	(1) (2)	D	, 73.4931	23,282	D		
STOCK											

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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: Patterson John Michael - Form 4

Reporting Owners

Reporting Owner Name / Addres	S	Relationships						
reporting of the random states	Director	10% Owner	Officer	Other				
Patterson John Michael 2100 LOGIC DRIVE SAN JOSE, CA 95124								
Signatures								
J. Michael Patterson	08/08/2018							
<u>**</u> Signature of	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) Price represents weighted average for sales reported. The range of prices for the sales reported is \$73.4931 \$73.4940
- (2) The reporting person will provide upon request by the commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.

Reporting Person