## Edgar Filing: SALESFORCE COM INC - Form 4

|   | CE COM INC  |                |   |                    |   |   |                      |  |  |   |  |  |
|---|---|----------------|---|--------------------|---|---|----------------------|--|--|---|--|--|
| Form 4<br>May 24, 201   | 1   |                |   |                    |   |   |                      |  |  |   |  |  |
| FORM  |   |                |   |                    |   |   |                      |  | OMB A  | PPROVAL   |  |  |
| Washington, D.C. 20549  |   |                |   |                    |   |   |                      | OMB<br>Number:   | 3235-0287  |   |  |  |
|   | Check this box<br>if no longer  |                |   |                    |   |   |                      | Expires:   | January 31,<br>2005  |   |  |  |
| subject to<br>Section 1   | subject to<br>Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                |   |                    |   |   |                      | Estimated a burden hou   | average<br>Irs per   |   |  |  |
| Form 4 of<br>Form 5   | Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,          |                |   |                    |   |   |                      | response   | response 0.5   |   |  |  |
| obligation<br>may cont<br><i>See</i> Instru<br>1(b).                  | ns inue. Section 17(a   | ) of the       |   | ility Hold         | ling Com  | ipany                                     | Act o                | of 1935 or Sectio  | 'n   |   |  |  |
| (Print or Type F  | Responses)  |                |   |                    |   |   |                      |  |  |   |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>HASSENFELD ALAN G |   |                | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol |                    |   |   |                      | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |  |
|   |   |                | SALESE  | FORCE C            | COM INC   | C [CR                                     | RM]                  | (Check all applicable)   |  |   |  |  |
| (Last)  | (First) (M  | liddle)        | 3. Date of Earliest Transaction                       |                    |   |   | (Chee                | in upplication   | ()   |   |  |  |
|   | MARK @ ONE<br>STREET, SUITE 3   | 300            | (Month/Da<br>05/24/20                                 | -                  |   |   |                      | X_ Director<br>Officer (give<br>below)   |  | 6 Owner<br>er (specify  |  |  |
| (Street)  |   |                | 4. If Amendment, Date Original                        |                    |   |   |                      | 6. Individual or Joint/Group Filing(Check  |  |   |  |  |
| SAN FRAN  | CISCO, CA 9410  | 5              | Filed(Mon   | th/Day/Year)       | )   |   |                      | Applicable Line)<br>_X_ Form filed by (<br>Form filed by M<br>Person   |  |   |  |  |
| (City)  | (State) (   | Zip)           | Table   | e I - Non-D        | erivative S                                       | Securi                                    | ties Ac              | quired, Disposed o   | f, or Beneficia  | lly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                  | 2. Transaction Date<br>(Month/Day/Year)   | Executi<br>any | emed<br>on Date, if<br>/Day/Year)                     | Code<br>(Instr. 8) | 4. Securi<br>onAcquirec<br>Disposec<br>(Instr. 3, | l (A) of<br>l of (D<br>4 and<br>(A)<br>or | ))<br>5)             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock   | 05/24/2011  |                |   | Code V<br>A        | Amount<br>1,500                                   | (D)<br>A                                  | Price<br>\$ 0<br>(1) | 21,000   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) |  |          | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                             |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|----------|---|-----------------------------|--------------------|---|--|---|---|
|   |   |   |  | Code V   | (A) (D)   | Date<br>Exercisable         | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |
| Reporting Owners                                    |   |   |  |          |   |                             |                    |   |  |   |   |
| HASSEN  | <b>Reporting (</b>  | Owner Name / Addre<br>AN G              |  | rector 1 | Relationsh<br>0% O<br>wner O  | <b>iips</b><br>Officer Othe | er.                |   |  |   |   |

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THE LANDMARK @ ONE MARKET STREET

SAN FRANCISCO, CA 94105

## Signatures

SUITE 300

/s/ David Schellhase, Attorney-in-Fact: Alan Hassenfeld

\*\*Signature of Reporting Person

## **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) Shares awarded for board service pursuant to the Issuer's 2004 Outside Directors Stock Plan.

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.

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05/24/2011

Date