Edgar Filing: SALESFORCE COM INC - Form 4

| SALESFOR | CE COM INC | | | | | | | | | | | |
|--|---|--------------|------------------------|---|-----|---|-------|------------------------|--|--|----------------------|--|
| Form 4 | <i>r</i> | | | | | | | | | | | |
| June 15, 201 | | | | | | | | | | | PROVAL | |
| FORM | 14 UNITED | STATES S | | | | ND EX D.C. 20 | | NGE C | OMMISSION | OMB OMB Number: | 3235-0287 | |
| Check this box | | | | GES IN BENEFICIAL OWNERS SECURITIES | | | | | NERSHIP OF | Expires: Estimated a burden hour | rs per | |
| Form 5 obligatio may cont See Instru 1(b). | Filed pur ns Section 17(| a) of the Pu | ublic Ut | tility Ho | old | | npany | Act of | e Act of 1934, 1935 or Sectior 0 | response | 0.5 | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| Conway Craig Symbol | | | | er Name and Ticker or Trading | | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | f Earliest Transaction | | | | (IVI) | (Check all applicable) | | | | |
| THE LAND | OMARK @ONE STREET, SUITE | (| (Month/D 06/15/20 | ay/Year) | | insaction | | | X Director Officer (give t below) | | Owner er (specify | |
| | | | | endment, Date Original nth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SAN FRAN | ICISCO, CA 941 | 05 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non | -De | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Data (Month/Day/Year) | | Date, if | Code (Instr. 8 | 3) | 4. Securi n(A) or Di (Instr. 3, Amount | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 06/15/2016(1) | | | S | | 1,247 | D | \$ 81.83 | 9,668 | 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 | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. of of Derivative | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene |
|---|---|---|--|------------------------------|--|--------------------|---|------------------------------|---|--------------------------------|
| | Derivative Security | | | Securities Acquired | | | (Instr. | 3 and 4) | | Owne Follo |
| | | | | (A) or Disposed of (D) | | | | | | Repo Trans (Instr |
| | | | | (Instr. 3, 4, and 5) | | | | | | (|
| | | | | <i></i> | Date Exercisable | Expiration Date | Title | Amount or Number of | | |
| | | | Code V | (A) (D) | | | | Shares | | |

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Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Conway Craig FHE LANDMARK @ONE MARKET STREET SUITE 300 SAN FRANCISCO, CA 94105 | X | | | | | |
| Signatures | | | | | | |
| /s/ Scott Siamas, Attorney-in-Fact for Craig Conway | 06 | 5/15/2016 |) | | | |
| **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) Pursuant to a 10b5-1 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.