Edgar Filing: KULICKE & SOFFA INDUSTRIES INC - Form 4

| KULICKE & Form 4 February 18, | | DUSTRIES 1 | INC | | | | | | | | |
|--|------------|--|-----------|---------------------------------|-------------------------------------|--------|------------|---|--|------------------------|--|
| EODM | | | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: | January 31, | | | |
| | | | | | | | NERSHIP OF | Estimated a burden hou | rs per | | |
| Form 4 or Form 5 | | mumou ont to | Section 1 | f(a) = f(b) | . Coomiti | . Er | ahana | ha A at of 1024 | response | 0.5 | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type R | (esponses) | | | | | | | | | | |
| Kong Peter T M Symb | | | | KE & SO | Ticker or T FFA IND | - | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | Earliest Tra ay/Year))14 | ansaction | | | X_ Director Officer (give title10% Owner Other (specify below) | | | |
| | | | | ndment, Da th/Day/Year) | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| FORT WAS | HINGTON, | PA 19034 | | | | | | Form filed by N Person | Iore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | on(A) or Dis (D) (Instr. 3, 4 | posed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 02/17/2014 | | | Code V A | 10,362 (1) | A | \$ 0 | 10,362 | 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) | | 4. Transactic Code (Instr. 8) | 5. onNumber 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 Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|----------|--|---|---------------------|--------------------|---|--|---|---|
| Repo | rting O | wners | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Reporti | ng Owner Na | | Relation | - | Other | | | | | | |

Edgar Filing: KULICKE & SOFFA INDUSTRIES INC - Form 4

Kong Peter T M 1005 VIRGINIA DRIVE FORT WASHINGTON, PA 19034

Signatures

Susan L. Waters, Attorney-in-Fact for Peter Tat-Ming Kong

**Signature of Reporting Person

Date

02/18/2014

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Х

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Stock grant upon election to the Board of Directors pursuant to the 2009 Equity Plan. One-third of the shares granted vest on each anniversary of the date of grant.

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.