## Edgar Filing: FIRST SOLAR, INC. - Form 4

FIRST SOLA	AR, INC.												
Form 4													
April 04, 201	6												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL				
	<b>UNITE</b>	D STATES						NGE (	COMMISSION		3235-0287		
Check this	s hox		Was	hingtor	1, D	D.C. 205	549			Number:			
if no long	or				TD					Expires: Januar			
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW					NERSHIP OF	Estimated average 200			
Section 16 Form 4 or		SEC				CURITIES					burden hours per		
Form 5		aurguant to	Section 16	S(a) of t	ha (	Socuriti	oc Fr	zehand	ge Act of 1934,	response	0.5		
obligation	<sup>18</sup> Section 1							-	of 1935 or Section	m			
may conti	nue.		) of the Inv	•		•	• •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
See Instru 1(b).	ction		) 01 010 111			••••• <b>•</b> •••••	,	01 17					
(Print or Type R	esponses)												
				er Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
Nolan James	F		Symbol						Issuel				
			FIRST S	SOLAR,	, IN	IC. [FSI	LRJ		(Che	ck all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Гran	saction							
				Day/Year)					X_ Director 10% Owner Officer (give title Other (specify				
C/O FIRST SOLAR, INC., 350 03/3 WEST WASHINGTON STREET			03/31/20	3/31/2016					below) below)				
SUITE 600	HINGTON S	IKEEI											
SUITE 000													
				mendment, Date Original					6. Individual or Joint/Group Filing(Check				
				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
TEMPE, AZ	85281-1244								Form filed by I				
	05201-12++								Person				
(City)	(State)	(Zip)	Table	e I - Non-	Der	rivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	on Date, if TransactionAcquired (A) or						Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month	Code Disposed of (D)						Beneficially Owned	(D) or	Beneficial Ownership		
(Month/Day/Y			/Day/Tear)	y/Year) (Instr. 8) (Instr. 3, 4 and 5)					Following	Indirect (I) (Instr. 4)	(Instr. 4)		
							(A)		Reported	. ,	. ,		
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	03/31/2016			А		585 <u>(1)</u>	А	\$0	37,230	D			
Stock								÷ Ū	. ,				

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)

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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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Nolan James F C/O FIRST SOLAR, INC. 350 WEST WASHINGTON STREET SUIT FEMPE, AZ 85281-1244	TE 600	Х						
Signatures								
/s/ Peter C. Bartolino, Attorney-in-fact	04/04/20	16						
**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) The shares granted represent the quarterly equity compensation paid to the Issuer's non-associate directors.

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.