### Edgar Filing: PHOTRONICS INC - Form 4

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| Form 4  |   |  |  |  |        |  |  |   |   |  |
|---|---|--|--|--|--------|--|--|---|---|--|
| Form 4<br>December 22, 2015<br>FORM 4<br>UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549<br>Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b). |   |  |  |  |        |  | OMB APPROVAL<br>OMB 3235-0287<br>Number: January 31,<br>Expires: 2005<br>Estimated average<br>burden hours per<br>response 0.5 |   |   |  |
| (Print or Type R  | esponses)                               |  |  |  |        |  |  |   |   |  |
| MACRICOSTAS GEORGE Symbol   |   |  | uer Name <b>and</b><br>bl<br>FRONICS 1 |  |        | Ig   | 5. Relationship of Reporting Person(s) to<br>Issuer  |   |   |  |
|   |   | e of Earliest T<br>h/Day/Year)<br>2/2015               | ransaction                             |  |        | (Check all applicable)<br><u>X</u> Director<br>Officer (give title <u>10%</u> Owner<br>below) Other (specify<br>below)   |  |   |   |  |
|   |   | mendment, Da<br>Month/Day/Yea                          | -                                      |  |        | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting</li> </ul> |  |   |   |  |
| BROOKFIE  | LD, CT 06804                            |  |  |  |        |  | Form filed by M<br>Person  | ore than One Rej  | porting   |  |
| (City)  | (State)                                 | (Zip) T  | able I - Non-l                         | Derivative   | Securi | ties Acqu  | uired, Disposed of,  | , or Beneficiall  | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>any<br>(Month/Day/Yea | Code                                   | 4. Securit<br>or(A) or Dis<br>(Instr. 3, 4<br>Amount | sposed | of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)             | 6.<br>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   | 12/22/2015                              |  | S                                      | 39,250   | D      | \$<br>12.75  | 22,000   | 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)

**Reporting Owners** 

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| 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) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 | ction<br>3) 1<br>2<br>(<br>1<br>(<br>( | tionNumber<br>of |     |                     |                    | 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>Secu<br>Bene<br>Owno<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**

| <b>Reporting Owner Name / Address</b>                       | Relationships |           |         |            |  |  |  |  |
|---|---------------|-----------|---------|------------|--|--|--|--|
| I O   | Director      | 10% Owner | Officer | Other      |  |  |  |  |
| MACRICOSTAS GEORGE<br>15 SECOR ROAD<br>BROOKFIELD, CT 06804 | Х             |           |         |            |  |  |  |  |
| Signatures  |               |           |         |            |  |  |  |  |
| /s/ Richelle E. Burr, attorney-ir<br>Macricostas            | 12/22/2015    |           |         |            |  |  |  |  |
| *****   | · D           |           |         | <b>D</b> . |  |  |  |  |

\*\*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).

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.