### Edgar Filing: GAULKE MICHAEL R - Form 4

GAULKE N	MICHAEL R										
Form 4											
August 18, 2	2009										
FORM			CECU	DITIEC	A NID EX					PROVAL	
	UNITED	STATES		shington			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check the	his box		vv a	ishington	I, D.C. 2	0349				January 31,	
if no lor		MENT O	F CHAN	NGES IN	BENE	FICL	AL OWN	ERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAN Section 16.				SECURITIES					Estimated average burden hours per		
Form 4									response		
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
	obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
See Inst		30(h)	of the I	nvestmen	t Compa	ny A	ct of 1940	)			
1(b).											
(Print or Type	Responses)										
	•										
1. Name and Address of Reporting Person *2. IssueGAULKE MICHAEL RSymbol								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	of Earliest T	Fransactior	ı		(0.000	an approact	/	
140 001 0								_X_ Director 10% Owner _X_ Officer (give title Other (specify			
149 COMMONWEATH DRIVE08/14/2				2009				below) below)			
								Execu	tive Chairman		
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mo	onth/Day/Yea	ar)			Applicable Line)	na Danastina Da		
MENI O D	ARK, CA 94025						-	_X_ Form filed by O Form filed by M			
MILINLO F.	AKK, CA 94023						]	Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		n Date, if	Transaction Disposed of (D)				Securities	1	Indirect	
(Instr. 3) any (Month/Day/Yea			)av/Vear)	Code (Instr. 8)	(Instr. 3,	4 and	5)	BeneficiallyForm:BenefiOwnedDirect (D)Owner			
		(Wondu's E	uy/rear)	(1150.0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common				Code V	Amount	(D)	Price	(			
Common Stock	08/14/2009			Μ	209	А	\$ 6.99	165,794	Ι	by Trust	
							<b>.</b>				
Common Stock	08/14/2009			S	209	D	\$ 26.0284	165,585	Ι	by Trust	

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.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	actionof Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 6.99	08/14/2009		М		209	<u>(1)</u>	02/06/2013	Common Stock	209

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
GAULKE MICHAEL R 149 COMMONWEATH DRIVE MENLO PARK, CA 94025	Х		Executive Chairman				

### **Signatures**

By: Wendy Whitehouse For: Michael R. Gaulke

08/18/2009

<u>\*\*</u>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 stock option becomes exercisable in four equal annual installments.

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.