## Edgar Filing: LARSON GARY L - Form 4

LARSON C Form 4 July 11, 201										
	ЛЛ							-	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287 January 31,	
if no lon subject t Section Form 4	to <b>STATEN</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations May continue. See Instruction 1(b). Form 5 Sec Instruction 1(b). Form 5 Sec Instruction 1(c) Sec Instruction 1(c) 1										
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u></u> LARSON GARY L			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
	(First) (		AEHR TEST SYSTEMS [AEHR]				(Che	le)		
(Last) C/O AEHR KATO TEI	Middle) S, 400	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>07/08/2011</li></ul>			Director 10% Owner X Officer (give title Other (specify below) below) V.P. FINANCE & CFO					
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
FREMON	Г, СА 94539						Form filed by Person	More than One R	leporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Dominden D	nout on a arrest 1'	for a h	loss of	Code V			on in dimostler			
Keminder: Ke	port on a separate line	e for each cl	ass of sec	unues bene	Perso infor requi	ons who res nation cont red to resp	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

## Edgar Filing: LARSON GARY L - Form 4

(Instr. 3)	Price of Derivative Security	(	(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Incentive Stock Option (right to buy)	\$ 1.25	07/08/2011		А	30,000		08/08/2011 <u>(1)</u>	07/08/2018	Common Stock	30,00
Repor	ting Ov	wners								

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LARSON GARY L C/O AEHR TEST SYSTEMS 400 KATO TERRACE FREMONT, CA 94539			V.P. FINANCE & CFO				
Signatures							
Gary L. Larson 07	/11/2011						
<u>**</u> Signature of	Date						

Reporting Person 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) One forty-eighth (1/48) of the total number of shares became exercisable on this date and an additional one forty-eighth (1/48) of the total number of shares became exercisable each month thereafter.

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.