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ROSATI M	ARIO M												
Form 4													
February 12	2, 2009												
FORM	ЛЛ									OMB A	PPROV	۹L	
	UNITED	STATES		RITIES A			NGE	COMMISSIC)N	OMB Number:	3235	-0287	
Check t	his box		VV à	ishington	, D.C. 20	547					Janua	rv 31.	
if no lor		MENT OF	CHAN	NGES IN	BENEE	ICIA		WNERSHIP O	F	Expires:		2005	
	Subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								-	Estimated average			
Form 4		SECONTIES								burden hou response	0.5		
Form 5		rsuant to S	ection	16(a) of th	ne Securi	ties E	xchan	ge Act of 1934	١.	16300136		0.5	
obligati	ons Section 17							of 1935 or Sec					
may con <i>See</i> Inst	itinue.			nvestmen	•	· ·							
1(b).	ruetion												
(Print or Type	Responses)												
	Address of Reporting	g Person [*]	2. Issue	er Name an	d Ticker or	Tradin	ng	5. Relationship Issuer	o of F	f Reporting Person(s) to			
ROSATI N	IARIO M		Symbol			Issuel							
4				TEST SY	HR]	(C	all applicabl	all applicable)					
(Last)	(First) ((Middle)	3. Date of	of Earliest T	ransaction			x		11	·		
				Day/Year)	X_ Director 10% Owner Officer (give title Other (specify								
	SONSINI GOOD		02/11/2	2009				below)	ive ti	tle Oth below)	er (specify	7	
ROSATI, 6	550 PAGE MILL	ROAD						,		,			
	(Street)		4. If Am	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
F			· · · · · · · · · · · · · · · · · · ·					Applicable Line)					
								X Form filed Form filed h		ne Reporting P ore than One R			
PALO AL	ГО, СА 94304							Person	.y		eponing		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securi	ities Ac	cquired, Disposed	l of,	or Beneficia	lly Owne	d	
1.Title of	2. Transaction Date	2A. Deeme	d	3. 4. Securities				5. Amount of	6.	Ownership	7. Natur	e of	
Security	(Month/Day/Year)) Execution Date, if any						Securities	Fo	rm: Direct	Indirect		
(Instr. 3)				Code	Disposed			Beneficially) or Indirect			
		(Month/Day	y/Year)	(Instr. 8)	(Instr. 3,	4 and 5		Owned Following	(I) (Ir	nstr. 4)	Ownersh (Instr. 4)	1	
						<i>(</i>))		Reported	(11	ын. т)	(1130.4)		
						(A)		Transaction(s)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Reminder: Re	port on a separate lin	e for each cla	ss of sec	urities bene	-		-	-					
					Perso	ns wh	no resi	oond to the col	lecti	on of S	SEC 1474		

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amo
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Secu
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ar or Nu of Sh
Non-qualified Stock Option (right to buy)	\$ 1.29	02/11/2009(1)		A		3,750		02/28/2009(2)	02/11/2019	Common Stock	3
Reportin	g Own	ers									

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
ROSATI MARIO M WILSON SONSINI GOOD 650 PAGE MILL ROAD PALO ALTO, CA 94304	Х							
Signatures								
/s/ Mario Rosati	02/12/2009							
**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) Mr. Rosati was not a director of the company between October 28, 2008 and January 26, 2009.
- (2) One ninth (1/9th) of the total number of shares subject to the option shall become exercisable at the end of each full calendar month following 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.