

VICOR CORP  
Form 3  
October 16, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Grava Nancy L		(Month/Day/Year)	VICOR CORP [vicr]	
(Last)	(First)	(Middle)	06/19/2015	
25 FRONTAGE RD.			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ANDOVER,Â MAÂ 01810			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Other
			(give title below)	(specify below)
			VP-Human Resources	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
		Title	Amount or Number of Shares		

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Non Qualified Stock Option	06/17/2015	06/17/2023	Common Stock	2,500	\$ 7.34	D	Â
Non Qualified Stock Option	06/17/2016	06/17/2023	Common Stock	2,500	\$ 8.38	D	Â
Non Qualified Stock Option	06/17/2017	06/17/2023	Common Stock	2,500	\$ 9.43	D	Â
Non Qualified Stock Option	06/17/2018	06/17/2023	Common Stock	2,500	\$ 10.48	D	Â
Non Qualified Stock Option	Â (1)	06/17/2023	Common Stock	300	\$ 6.29	D	Â
Non Qualified Stock Option	Â (2)	07/01/2025	Common Stock	10,000	\$ 11.89	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Grava Nancy L 25 FRONTAGE RD. ANDOVER, MA 01810	Â	Â	Â	VP-Human Resources

## Signatures

/s/Richard J. Nagel Jr., Attorney in Fact for Nancy L. Grava 10/16/2015

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Granted under the Company's Amended and Restated 2000 Stock Option and Incentive Plan on 6/17/2013 and vest over a five year period.
- (2) Granted under the Company's Amended and Restated 2000 Stock Option and Incentive Plan on 7/1/2015 and vest over a five year period.

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### Remarks:

Due to an inadvertent administrative error, this Form 3 was not filed timely.

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.