## Edgar Filing: ELDER WILLIAM W R - Form 4

ELDER WIL	LIAM W R												
Form 4													
August 11, 20													
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL			
	- UNITEL	DSIAIES				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287		
Check this	s box		vv as	mingto	, 1	J.C. 205	949				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIA						CIAI		NERSHIP OF	Expires:	2005			
subject to Section 16		SECURITIES							Estimated a				
Form 4 or		Shoommes						burden hours per response					
Form 5	Filed pu	ursuant to S	Section 16	6(a) of	the	Securiti	es Ex	chang	ge Act of 1934,				
obligation may conti				•		<b>U</b>	• •		f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestme	ent C	Company	/ Act	of 19	40				
1(b).													
(Print or Type R	asponsas)												
(I fint of Type K	esponses)												
1. Name and Ad	ddress of Reportin	g Person <sup>*</sup>	2 Issuer	Name a	nd 1	Ficker or T	Fradin	σ	5. Relationship of	Reporting Per	son(s) to		
ELDER WII	-	-	Symbol		and the field of flucing				Issuer				
5				TEST S	T SYSTEMS [AEHR]								
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			(Chec	k all applicable	e)		
			(Month/Da						X Director	10%	Owner		
UNITRODE			07/31/20	2009					Officer (give below)	title Other	er (specify		
CONTINEN	TAL BLVD								below)	below)			
(Street) 4. If Amend Filed(Month				ndment, Date Original					6. Individual or Joint/Group Filing(Check				
				th/Day/Year)					Applicable Line)				
_X_Form filed by O Form filed by Me							ne Reporting Person ore than One Reporting						
MERKIMAC	CK, NH 03054								Person				
(City)	(State)	(Zip)	Table	e I - Noi	n-De	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	med	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if TransactionAcquired (A) or					r	Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Dou/Woor)				Disposed				D) or	Beneficial		
(Month/Day/Year)				(Instr. 8) (Instr. 3, 4 and 5)				5)	Owned Following	ndirect (I) Instr. 4)	Ownership (Instr. 4)		
							(A)		Reported		~ /		
							or		Transaction(s) (Instr. 3 and 4)				
				Code	V	Amount	(D)	Price	(Instr. 5 and 4)				
Common	07/31/2009			G <u>(1)</u>	V	5,000	D	\$0	32,900	D			
Stock													

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)

-	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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
ELDER WILLIAM W R UNITRODE CORP 7 CONTINENTAL BLVD MERRIMACK, NH 03054	Х							
Signatures								
Gary Larson, attorney-in-fact	08/11/2	2009						

\*\*Signature of 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) Represents a gift transfer of 5,000 shares by the Reporting Person to his grandson on July 31, 2009.

Date

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.