Edgar Filing: EMCORE CORP - Form 4

EMCORE CORP

| Form 4 | oru | | | | | | | | | | |
|---|--------------------------------------|---|---|---|---------------|------------------|------------|---|--|------------------------|--|
| August 02, 20 | | | | | | | | | | | |
| FORM | $ 4 _{\text{UNITED}}$ | STATES | SECUR | ITIFS A | ND FX(| THA | NGE (| OMMISSION | r | PPROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long | or | | | 0 / | | | | | Expires: | January 31, | |
| subject to Section 10 Form 4 or Form 5 | 5. SECURITIES | | | | | | | | Estimated a burden hou response | rs per | |
| obligation may conti <i>See</i> Instru 1(b). | inue. Section 17 | (a) of the | Public Ut | · · / | ing Com | ipany | Act of | f 1935 or Sectio | n | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> RUSSELL THOMAS | | | 2. Issuer Name and Ticker or Trading Symbol EMCORE CORP [EMKR] | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | (Chee | | | |
| C/O EMCOI CORPORAT DRIVE | RE ΓΙΟΝ, 145 BEL | MONT | (Month/D 08/01/20 | - | | | | X Director Officer (give below) | titleOthobelow) | 6 Owner er (specify | |
| (Street) | | | Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| SOMERSET | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | `` | - | | | erivative | Securi | ities Acc | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | any | | 3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5) | | | d of | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| _ | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 08/01/2006 | | | А | 71 <u>(1)</u> | А | \$ 7.06 | 2,739,455 | D | | |
| Common Stock | | | | | | | | 2,280,035 | Ι | By AER 1997 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) | 5. orNumber 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 Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

er

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|----------|---------------|---------|------|--|--|--|--|
| | Director | 10% Owner | Officer | Othe | | | | |
| RUSSELL THOMAS C/O EMCORE CORPORATION 145 BELMONT DRIVE SOMERSET, NJ 08873 | N X | Х | | | | | | |
| Signatures | | | | | | | | |
| Thomas Russell 08/0 | 02/2006 | | | | | | | |
| <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) Shares acquired pursuant to Directors' Stock Award Plan.

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.