### Edgar Filing: Bronson Brian - Form 4

Bronson Brian Form 4										
November 12, 2	010									
FORM 4	1								PPROVAL	
	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287			
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	STATEN Filed pur Section 17(		Section T Public U	SECUI	<b>RITIES</b> he Securi lding Cor	Estimated a burden hou response	Estimated average burden hours per response 0.5			
(Print or Type Resp	onses)									
1. Name and Address of Reporting Person <u>*</u> Bronson Brian			2. Issuer Name <b>and</b> Ticker or Trading Symbol RADISYS CORP [RSYS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of	of Earliest T	Transaction		(Chi	eck all applicable	e)	
5445 NE DAW	SON CREEK	C DRIVE	(Month/ 11/10/2	Day/Year) 2010			Director X Officer (gi below) Chie		6 Owner er (specify cer	
(Street)			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>				
HILLSBORO,	OR 97124						Person	More than one re	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	ransaction Date onth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report of	on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforr requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this forn 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 Ar
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Se
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 of (D) (Instr. 3, 4, and 5)			
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Incentive Stock Option (right to buy)	\$ 9.93	11/10/2010		А	17,033	11/10/2011 <u>(1)</u>	11/10/2017	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 9.93	11/10/2010		А	16,847	11/10/2011 <u>(1)</u>	11/10/2017	Common Stock
Restricted Stock Units	\$ 0	11/10/2010		А	14,520	11/10/2011 <u>(2)</u>	<u>(3)</u>	Common Stock

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Bronson Brian 5445 NE DAWSON CREEK DRIVE HILLSBORO, OR 97124			Chief Financial Officer				

## **Signatures**

BRIAN BRONSON 1

11/11/2010

<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).

ISO AND NQ grant on this date vest in conjunction with each other under the ISO 100,000 limit rule. Vesting schedule is one year from (1) date of grant, option shall be exercisable for one-third of the total option shares and shall be exercisable in monthly increments equal to 1/36th of the total option shares, cumulatively, each month thereafter.

(2) Restricted stock units vest 33% per year on the anniversary of the grant date. One share of Common Stock will be automatically delivered to the reporting person for each restricted stock unit that vests.

(**3**) N/A

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.