Tong Vincent Form 4 June 15, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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 * Tong Vincent

(Last) (First) (Middle)

(Street)

(State)

(Month/Day/Year)

2100 LOGIC DRIVE

SAN JOSE, CA 95124

(City)

1.Title of

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

3. Date of Earliest Transaction

4. If Amendment, Date Original

Filed(Month/Day/Year)

2. Transaction Date 2A. Deemed 3. 4. Securities Execution Date, if TransactionAcquired (A) or Code

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year) (Instr. 8)

Disposed of (D)

(Instr. 3, 4 and 5)

(A)

Code V Amount (D) Price

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 Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

(Zip)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securiti (Instr. 3 and 4)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005 Estimated average

burden hours per response...

0.5

10% Owner Other (specify

1(b).

XILINX INC [XLNX]

(Month/Day/Year)

06/13/2012

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

below) SVP Worldwide Quality

Person

Securities

Owned

Beneficially

Following

Transaction(s) (Instr. 3 and 4)

Reported

Issuer

below)

Director

Officer (give title

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 6. Ownership 7. Nature of

Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4) (Instr. 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

Restricted

(1)

\$0 Stock Unit

06/13/2012

A 19,756

07/05/2012(2) 07/05/2014 COMMON

XLNX STOCK An

or Nu of S

19

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

Other

Tong Vincent

2100 LOGIC DRIVE SAN JOSE, CA 95124 **SVP** Worldwide Quality

Signatures

Vincent Tong

06/13/2012

**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) Each restricted stock unit represents a contingent right to receive one share of XLNX common stock upon vesting of the unit.
- Subject to the continued employment of the reporting person through the applicable vesting date, the restricted stock units will vest in (2) three substantially equal installments and be settled on each of the first three anniversaries of the date of grant through the expiration date indicated. Date Exercisable refers to the initial grant vesting 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.

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