Edgar Filing: LARSON GARY L - Form 4

LARSON G Form 4 October 05,												
FORM	ЛД								OMB AF	PROVAL		
-	UNITEL	STATES S		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer				IGES IN BENEFICIAL OWNI					Expires:	January 31, 2005		
subject t	NERSHIP OF	Estimated a	Estimated average									
	Section 16. Form 4 or				SECURITIES					s per 0.5		
Form 5	Filed pu	rsuant to Se	ection 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,	response	0.0		
obligation may con				•	•	· ·	•	1935 or Section	ı			
See Inst		30(h) o	of the In	ivestment	Compar	ny Ac	ct of 194	0				
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person _2. IssuerLARSON GARY LSymbol								5. Relationship of Reporting Person(s) to Issuer				
AEHR				TEST SYSTEMS [AEHR]				(Check	(Check all applicable)			
				ate of Earliest Transaction				Director 10% Owner				
C/O AEHR TEST SYSTEMS, 400 10/03/2				th/Day/Year) 3/2011			Officer (give title Other (specify					
KATO TERRACE below) below) V.P. FINANCE & CFO									0			
	(Street)	2	4. If Ame	endment, Da	ate Origina	1		6. Individual or Joi	int/Group Filin	g(Check		
Filed(Mon				onth/Day/Year)				Applicable Line) X Form filed by One Penorting Person				
FREMONT, CA 94539 _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Dat	te 2A. Deeme	ed	3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)) Execution l any	Date, if	Transactio Code	on(A) or Di (Instr. 3,	-		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(Instr. 5)		· · · · · ·	(Month/Day/Year)		(1150.5,	i una	5)	Owned	(D) or C	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)	. ,			
0				Code V		(D)	Price	(Instr. 3 and 4)				
Common Stock	10/03/2011			J	3,000 (1)	А	\$ 0.6511	78,539	D			

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)

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

Reporting Owners

Reporting Owner Name / Addre	Relationships							
	Director	10% Owner	Officer	Other				
LARSON GARY L C/O AEHR TEST SYSTEM 400 KATO TERRACE FREMONT, CA 94539	S		V.P. FINANCE & CFO					
Signatures								
Gary L. Larson	10/05/2011							

<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).

These shares have been purchased through the Company's 2006 Employee Stock Purchase Plan, a "tax-conditioned plan" per Internal
 (1) Revenue Code Section 423. This purchase is exempt from Section 16 of the Securities Exchange Act of 1934 regarding liabilities arising from six-month short-swing transactions in the Company's securities.

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.