Edgar Filing: CEVA INC - Form 4

CEVA INC												
Form 4												
July 06, 2015	5											
FORM	4									-	PPROVAL	
	UNIII	ED STATE				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Check thi		-						Expires:	January 31, 2005 ed average			
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				OW			NERSHIP OF	•
	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5			~			~	_			response	0.5	
obligation		•						•	e Act of 1934,			
may cont				•		•	. .		f 1935 or Sectio	n		
See Instru	iction	30(h) of the In	vestme	nt (Company	Act	of 194	40			
1(b).												
(Print or Type R	Responses)											
(
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of R								Reporting Person(s) to				
NILSSON SVEN CHRISTER Symb				ymbol					Issuer			
				EVA INC [CEVA]								
			3 Date of	3. Date of Earliest Transaction					(Check all applicable)			
()	(=====)	()	(Month/D			insuction			X Director	10%	Owner	
				07/01/2015					Officer (give title Other (specify			
DRIVE									below)	below)		
	(Street)		4. If Ame	ndment,	Dat	e Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				Filed(Month/Day/Year)					Applicable Line)			
									_X_Form filed by (
MOUNTAI	N VIEW, CA	94043							Form filed by M Person	fore than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non	ı-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.		4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	·	ion Date, if		ctio	n(A) or Di	sposed	of	Securities	Form: Direct		
(Instr. 3)		any (Month	Code (D) nth/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(INIOIIII)	(Day/Teal)	(msu.)	0)	(11150. 3, -	+ anu .	,)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported	. ,	. ,	
							(A) or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	07/01/2015			А		13,000	А	\$0	13,000	D		
Stock (1)	5110112015					(2)		ψŪ	,	_		

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 19.43	07/01/2015		А	13,000	(3)	07/01/2025	Common Stock	13,000

Reporting Owners

Reporting Owner Name / Addres	55	Relationships							
	Director	10% Owner	Officer	Other					
NILSSON SVEN CHRISTER CEVA, INC. 1943 LANDINGS DRIVE MOUNTAIN VIEW, CA 940	Х								
Signatures									
/s/ Sven Christer Nilsson	07/06/2015								
**Signature of Reporting	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) Represents restricted stock units that were granted pursuant to the company's 2011 Stock Incentive Plan.
- (2) Each restricted stock unit represents the contingent right to receive one share of CEVA common stock upon vesting of the unit. 100% of the RSU's granted will vest on 1st July 2016.
- (3) The stock option becomes exercisable as to 25% of the underlying shares on the first year anniversary of the grant date and 25% each year thereafter

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.

Person

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