### Edgar Filing: Garde Rashmi - Form 4

Garde Rash	mi										
Form 4											
September 1	15, 2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL		
	UNITED	SIAIES					ANGE CO	UMMISSION	OMB	3235-0287	
Check this box Washington, D.C. 20549								Number:	January 31,		
if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNE SECURITIES					Expires: 2 Estimated average burden hours per response		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or Securities 30(h) of the Investment Company Act of 1940						1935 or Section	on				
(Print or Type	Responses)										
Garde Rashmi Syn			Symbol	er Name <b>an</b>			0	5. Relationship of Reporting Person(s) to Issuer			
			VMWA	ARE, INC	C. [VMW	′]		(Check	all applicable	)	
(Last)	(First) (I	Middle)		of Earliest T	ransaction						
3401 HILLVIEW AVENUE 09/1 (Street) 4. If A								Director 10% Owner X Officer (give title Other (specify below) below) VP and General Counsel			
			4. If Am	iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PALO ALT	ГО, CA 94304							Person	ore than One Rej	porung	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	asaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				<ul> <li>5. Amount of Securities</li> <li>Beneficially</li> <li>Owned</li> <li>Following</li> <li>Reported</li> <li>Transaction(s)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)	(11047-1)		
Common Stock	09/11/2009			S	1,606	D	39.1827 (1) (2)	7,804	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	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Garde Rashmi 3401 HILLVIEW AVENUE PALO ALTO, CA 94304			VP and General Counsel			
Signatures						
Larry Wainblat, attorney-in-fact	09/	14/2009				

\*\*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) Price represents weighted average price for sales reported. The range of prices for the sales reported is \$39.00 through \$39.3303.
- (2) The reporting person will provide upon request by the commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

#### **Remarks:**

The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person

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.