## Edgar Filing: Rubicon Technology, Inc. - Form 4

Rubicon Tech	nnology, Inc.											
Form 4												
October 04, 2	016											
FORM	<b>4 UNITED</b>		CECUD	TTIES A	ND EV(	<b>TT A 1</b>	NCE	COMMERCION	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287					
Check this box				migton,	D.C. 20:	549				January 31,		
if no longe	er STATE	MENT O	F CHAN	GES IN I	RENEFI	CIA		<b>NERSHIP OF</b>	Expires: 200			
subject to Section 16				SECUR		CIII			Estimated			
Form 4 or				bleen					burden hou response	•		
Form 5	Filed pu	rsuant to	Section 16	6(a) of the	e Securiti	ies Ez	chan	ge Act of 1934,	100001100	0.0		
obligation may contin	<sup>8</sup> Section 17							of 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
	,											
(Print or Type R	esponses)											
1. Name and Ac	ddress of Reporting	g Person *	2 Issuer	Name and	Ticker or '	Tradin	a	5. Relationship of	f Reporting Per	son(s) to		
MIKOLAJCZYK MICHAEL E Symb				i vanie anu	Tieker of	1 raum	5	Issuer				
			-	Technol	ogy, Inc.	[RB	CN]					
(Last)	(First)	(Middle)				L	-	(Cheo	ck all applicable	e)		
				3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director10% Owner				
			10/01/2016					Officer (give titleOther (specify				
INC., 900 EA	AST GREEN S'	T., UNIT						below)	below)			
А												
(Street) 4. If A				f Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(			Filed(Mon	led(Month/Day/Year)				Applicable Line)				
								_X_ Form filed by Form filed by M				
BENSENVII	LLE, IL 60106							Person		eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	(Month/Day/Year) Execution D			onAcquired	l (A) c	r	Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code Disposed of (D)				·	Beneficially		Beneficial		
(Month/I			(Day/Year)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Ownership (Instr. 4)			
						(1)		Reported	(Instr. 4)	(		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	10/01/2016			D	8,772	D	\$0	308,607	D			
Stock												

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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MIKOLAJCZYK MICHAEL E C/O RUBICON TECHNOLOGY, INC. 900 EAST GREEN ST., UNIT A BENSENVILLE, IL 60106	Х						
Signatures							
/s/ Scott Glickson, Attorney-in-Fact for M Mikolajczyk		10	)/04/2016				
<u>**Signature of Reporting Person</u>			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).

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.

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti