Edgar Filing: Rubicon Technology, Inc. - Form 4/A

| Rubicon Te Form 4/A | chnology, Inc. | | | | | | | | | |
|---|--|--|--|-------------------------|----------------|------------------------|---|---|-------------------|--|
| March 03, 2 | 2017 | | | | | | | | | |
| | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check t if no lor subject Section Form 4 Form 5 | nger to STATE 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | |
| obligati may con <i>See</i> Inst 1(b). | ons ntinue. Section 17 | (a) of the Pu | • • • | olding Co | mpar | ny Act of 1 | 935 or Section | | | |
| (Print or Type | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Aquilano Don N | | | 2. Issuer Name and Ticker or Trading Symbol Rubicon Technology, Inc. [RBCN] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | (Check all applicable) | | | |
| | ^(First) CON TECHNOL EAST GREEN S' | .0GY, 1 | . Date of Earliest Month/Day/Year 0/01/2016 | | 1 | - | _X Director Officer (give ti eelow) | | Owner (specify | |
| (Street) BENSENVILLE, IL 60106 | | | Filed(Month/Day/Year) A 10/04/2016 | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | (Zin) | | | | | Person | | | |
| (City)(State)(Zip)1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Da any (Month/Day/Year)(Instr. 3)any (Month/Day/Year) | | Date, if TransactiorDisposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 10/01/2016 | | Code V D | Amount 13,158 (1) | or (D) D | Price \$ 0 | (Instr. 3 and 4) 242,330 | D | | |
| Common Stock | 10/01/2016 | | D | 33,476 (1) | D | \$ 21,093.23 (1) | 3 208,854 | 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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transacti Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|---|----------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Aquilano Don N C/O RUBICON TECHNOLOGY, INC. 900 EAST GREEN ST., UNIT A BENSENVILLE, IL 60106 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Scott Glickson, Attorney-in-Fact for I Aquilano | Don N. | 03/03/2017 | | | | | |
| **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) This Form 4 is being amended to separate the previously reported transactions into separate line items and to correct the price for one such line item (column 4).

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.