HALIFAX IAN R Form 4 July 16, 2009

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

2. Issuer Name and Ticker or Trading

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Form 4 or
Form 5

obligations
may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Print or Type Responses)

HALIFAX IAN R

1. Name and Address of Reporting Person \*

			WIND RIVER SYSTEMS INC [WIND]					(Check all applicable)					
(Last) (First) (Middle) 500 WIND RIVER WAY			3. Date of Earliest Transaction (Month/Day/Year) 07/15/2009						Director 10% Owner Officer (give title Other (specify below) below)  SVP Finance & Admin and CFO				
(Street) ALAMEDA, CA 94501			4. If Amendment, Date Original Filed(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 Person				
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative S	ecurit	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution	emed on Date, if /Day/Year)	Code (Instr.		4. Securitin(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	07/15/2009			U		36,811	D	\$ 11.5	0	D			
Common Stock									1,847 (1)	I	Under 401(k) Plan		
Reminder: Rep	oort on a separate li	ne for each o	class of secu	rities be	nefi	cially own	ed dire	ctly or i	ndirectly.				
	information contain required to respon							ond to the collection of SEC 1474 ned in this form are not (9-02) ad unless the form ly 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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities		(Instr.	3 and 4)		Own	
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Exercisable I	Expiration Date	Title N	or Name		
									Number		
				G 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

HALIFAX IAN R 500 WIND RIVER WAY ALAMEDA, CA 94501

SVP Finance & Admin and CFO

## **Signatures**

/s/ Ian Halifax 07/16/2009 \*\*Signature of Date Reporting Person

## **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).

As of July 10, 2009, the reporting person owned approximately 5,786 units, which units represent interests in a Wind River 401(k) Plan. (1) As of July 10, 2009, those units equate to approximately 1,846 shares of Wind River common stock at the closing price of Wind River common stock on July 10, 2009 of \$11.50.

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.

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