## Edgar Filing: AEHR TEST SYSTEMS - Form 4

AEHR TES	T SYSTEMS										
Form 4											
October 02,	2013										
FORM	ЛЛ								OMB AF	PROVAL	
	unite	ED STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no lon subject t	F CHAN	<b>IGES IN</b>	BENEF	ICIA	L OW	NERSHIP OF	Estimated a	2005			
-	Section 16. Form 4 or				RITIES			burden hou	-		
										0.5	
Form 5 obligatio		<b>^</b>					•	e Act of 1934,			
may con	Section			•	•	· ·		1935 or Sectior	1		
<i>See</i> Instr 1(b).		30(h)	) of the Ir	ivestment	Compai	іу Ас	t of 194	.0			
1(0).											
(Print or Type	Responses)										
			2. Issue Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			AEHR	TEST SY	STEMS	[AE]	HR]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date o	f Earliest Ti	ransaction			(Cheer	x an appneable	)	
(Mo			(Month/I	(Month/Day/Year)				X Director 10% Owner			
				10/01/2013				X_ Officer (give title Other (specify below) below)			
KATO TEF	RRACE							· · · · · · · · · · · · · · · · · · ·	ident & CEO		
			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Mo								
FREMONT	Г, CA 94539							_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye	ar) Executio	on Date, if	Transactio		•		Securities	Ownership	Indirect	
(Instr. 3)		any	Code (Instr. 3, 4 and 5)					Beneficially	Beneficially Form: Direct Owned (D) or		
		(Month/)	Day/Year)	(Instr. 8)				Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						( )		Reported	(Instr. 4)	(	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	10/01/2013			J	3,000 <sup>(1)</sup>	А	\$ 0.8585	291,105	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)

1. Title Derivati Security (Instr. 3	ve Conversion or Exercise	• • •	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) tive ies ed ed		7. Title Amour Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	ŝ	Relationships							
	Director	10% Owner	Officer	Other					
Erickson Gayn C/O AEHR TEST SYSTEMS 400 KATO TERRACE FREMONT, CA 94539	Х		President & CEO						
Signatures									
Gayn Erickson 1	0/02/2013								
<u>**</u> Signature of	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).

These shares have been purchased through the Company's 2006 Employee Stock Purchase Plan, a "tax-conditioned plan" per Internal
 (1) Revenue Code Section 423. This purchase is exempt from Section 16 of the Securities Exchange Act of 1934 regarding liabilities arising from six-month short-swing transactions in the Company's securities.

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.

Reporting Person