## Edgar Filing: FIRST SOLAR, INC. - Form 4

FIRST SOLA	R, INC.												
Form 4													
July 01, 2014													
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								~~~~		OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OIIID	3235-0287					
Check this	s box		Was	hington,	D.C. 205	549			Number:	January 31,			
if no longe	ər	EMENT O	E CILANA	CECINI	DENIDEI	CIAI		NEDSHID OF	Expires:	2005			
subject to		EMENIO	r Chan	GES IN BENEFICIAL OWNERSHIP C					Estimated average				
Section 16 Form 4 or				SECURITIES					burden hours per				
Form 5		nursuant to	Section 16	5(a) of th	e Securiti	es Fr	rchand	ge Act of 1934,	response	0.5			
obligation	<sup>8</sup> Section 1							of 1935 or Section	m				
may conti	nue.		of the Inv	•	•	- ·			/11				
See Instru- 1(b).	ction			•••••••••	e e inpun.	,	. 01 17						
- (-).													
(Print or Type R	esponses)												
	ddress of Reporti	ng Person <sup>*</sup>	2. Issuer	r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to					
POST WILLIAM J Symbol								Issuer					
			FIRST S	OLAR, I	INC. [FS]	LR]		(Che	ck all applicable	e)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			× ×	11	,			
			(Month/Da	-				_X_ Director		6 Owner			
C/O FIRST SOLAR, INC., 350 06/30/20			/2014				Officer (give title Other (specify below)						
	HINGTON S	TREET,						,	,				
SUITE 600													
	(Street)		4. If Amer	endment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon				onth/Day/Year)				Applicable Line)					
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting					
TEMPE, AZ	85281-1244							Person		1 0			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned			
1.Title of	2. Transaction	Date 2A Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Ye		on Date, if		onAcquired		or	Securities	Form: Direct	Indirect			
(Instr. 3) any				CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					(D) or	Beneficial			
		(Month	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
								Reported	(111501. 4)	(1130.4)			
						(A) or		Transaction(s)					
				Code V	Amount		Price	(Instr. 3 and 4)					
Common										Post			
Common Stock	06/30/2014			А	440 <u>(1)</u>	А	\$0	10,600	Ι	Family			
Stock										Trust			

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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		Relationships						
Toporang o the rando tradeos		Director	10% Owner	Officer	Other			
POST WILLIAM J C/O FIRST SOLAR, INC. 350 WEST WASHINGTON STREET, SUI TEMPE, AZ 85281-1244	TE 600	X						
Signatures								
/s/ Peter C. Bartolino, Attorney-in-fact	07/01/201	4						
**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) The shares granted represent the quarterly equity compensation paid to the Issuer's non-associate directors.

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.