Edgar Filing: DEL MATTO ANDREW H - Form 4

| DEL MATT | TO ANDREW H | | | | | | | | | | |
|---|---|--------------|--|---|--------------|--|--|---|----------------|----------|--|
| Form 4 | | | | | | | | | | | |
| February 19 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB AF OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to STATEMENT OF CHANGES | | | | nington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 3 Estimated average burden hours per response | | | |
| Form 5 obligatio may cor <i>See</i> Inst 1(b). | ons Section 17(ntinue. ruction | a) of the Pu | blic Uti | lity Hol | lding Co | mpan | U | Act of 1934, 1935 or Section | L | | |
| (Print or Type | Responses) | | | | | | | | | | |
| DEL MATTO ANDREW H Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| | | | ransactior | - | , | (Check | all applicable | ;) | |
| (M | | | Month/Day/Year) | | | | | Director 10% Owner X Officer (give title Other (specify below) below) SVP and CAO | | | |
| | | | | Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MOUNTA | IN VIEW, CA 94 | 043 | | | | | - | Form filed by Me Person | | | |
| (City) | (State) | (Zip) | Table | I - Non-l | Derivativ | e Secu | rities Acqui | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if Transactionor Disposed of (E Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A) or | | (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | 02/14/2013 | | (| Code V S | Amount 3,300 | (D) D | Price \$ 22.703 | | D | | |
| Common Stock | 02/14/2013 | | | S | 3,290 | D | \$ 22.7001 | 61,507 | 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) | 4. Transactic 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 unt of rlying rities (. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno 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 | | | | | | | |
|---|---------------|------------|-----------|-------|--|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | | |
| DEL MATTO ANDREW H 350 ELLIS STREET MOUNTAIN VIEW, CA 94043 | | | SVP and (| CAO | | | | |
| Signatures | | | | | | | | |
| /s/ Simona Katcher, as attorney-i Matto | l | 02/19/2013 | | | | | | |
| <u>**</u> Signature of Reporting | ng 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).

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.