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WALKER Form 4 April 30, 2	CLIFFORD 009										
								PPROVAL			
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						NOMB Number:	3235-0287			
	this box							Expires:	January 31,		
if no longer subject to STATEMENT OF C				CHANGES IN BENEFICIAL OWNERSHIP O					2005 average		
Section	Section 16.				RITIES	burden hou					
Form 4 Form 5								response	. 0.5		
obligat	iona Pileu pul						nge Act of 1934,				
may co	ontinue. Section 17(•	•	- ·	of 1935 or Sectio	on			
<i>See</i> Ins 1(b).	truction	50(II)	of the fi	livesunen	Compa	ny Act of 1	940				
(Print or Type	e Responses)										
WALKED OF FEODD					d Ticker or	Trading	of Reporting Per	rson(s) to			
			Symbol POWF	P INTEG		NS INC	Issuer				
			POWER INTEGRATIONS INC [POWI]				(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	e of Earliest Transaction			Director		10% Owner		
			(Month/Day/Year)				X Officer (giv below)	ve title Oth below)	er (specify		
5245 HELLYER AVENUE			04/28/2009				VP, Corporate Development				
	(Street)			endment, D	ate Origina	al	6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line)				
SAN JOSI	E, CA 95138-1002						_X_ Form filed by Form filed by Person	One Reporting P More than One R			
(City)	(State)	(Zip)				~					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3. Transactio	4. Securit			6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, 11	Code	onAcquired (A) or Disposed of (D)			Form: Direct D) or Indirect	Indirect Beneficial		
· · · · ·		•	Day/Year) (Instr. 8) (Instr					(I)	Ownership		
							0	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: R	eport on a separate line	e for each cla	ass of sec	urities bene	-	-	-	otion of	NEC 1474		
							spond to the collect tained in this form		SEC 1474 (9-02)		

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 of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 21.14	04/28/2009		А		40,000		<u>(1)</u>	04/28/2019	Common Stock	40,0
Reporting	g Owne	ers									

Other

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerWALKER CLIFFORDVP, Corporate Development5245 HELLYER AVENUEVP, Corporate DevelopmentSAN JOSE, CA 95138-1002VP

Signatures

/s/ Bill Roeschlein Attorney-in-Fact For: Clifford Walker	04/30/2009	
**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) 1/8th of the shares vest and become exercisable on the six month anniversary of the grant date; the balance of the shares vest and become exercisable in a series of forty-two (42) successive equal monthly installments measured from the six month anniversary of the grant date.

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.