Edgar Filing: UPRICHARD DAVID C - Form 4

| UPRICHAE Form 4 | RD DAVID C | | | | | | | | |
|-------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|--------------------------------------------------|---------------------------------------|------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| June 16, 20 | 10 | | | | | | | | |
| FORM | Λ4 | | | | ~~~~ | | | OMB AF | PPROVAL |
| | UNITED | STATES SECU Wa | RITIES A Ashington | | | | OMMISSION | OMB Number: | 3235-0287 |
| Check ti if no lor subject Section Form 4 | nger STATEN to 16. | MENT OF CHAI | | BENER | ERSHIP OF | Expires: Estimated a burden hou response | | | |
| Form 5 obligation may con <i>See</i> Inst 1(b). | ons Section 170 | rsuant to Section (a) of the Public U 30(h) of the I | Jtility Hol | lding Co | mpar | ny Act of | 1935 or Section | l | |
| (Print or Type | Responses) | | | | | | | | |
| | Address of Reporting RD DAVID C | Symbol | er Name an echnologi | | | | 5. Relationship of l Issuer | Reporting Pers | son(s) to |
| (Last) | (First) (| | of Earliest T | - | - | -1 | (Check | all applicable |) |
| 5791 VAN | ALLEN WAY | (Month/ 06/15/2 | Day/Year) 2010 | | | | X Director Officer (give t below) | | Owner er (specify |
| CARLSBA | (Street) AD, CA 92008 | | nendment, D onth/Day/Yea | - | al | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M | ne Reporting Pe | rson |
| (City) | (State) | (Zip) Tal | | D • 4 | G | | Person | D (* • 1 | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed | 3. Transactic Code (Instr. 8) Code V | 4. Securi oror Dispo (Instr. 3, | ties A sed of | cquired (A) | ired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock (1) | 06/15/2010 | 06/15/2010 | М | 1,000 | А | \$ 35.53 | 2,300 | D | |
| Common Stock (3) | 06/15/2010 | 06/15/2010 | S | 1,000 | D | \$ 50.4856 | 1,300 | D | |
| Common Stock (1) | 06/15/2010 | 06/15/2010 | М | 1,000 | А | \$ 35.53 | 2,300 | D | |
| Common Stock (3) | 06/15/2010 | 06/15/2010 | S | 1,000 | D | \$ 51 | 1,300 | D | |
| Common Stock (1) | 06/15/2010 | 06/15/2010 | М | 1,000 | А | \$ 35.53 | 2,300 | D | |
| | 06/15/2010 | 06/15/2010 | S | 1,000 | D | \$ 50.75 | 1,300 | D | |

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| Common Stock (3) | | | | | | | | |
|---------------------|------------|------------|---|-------|---|----------|-------|---|
| Common Stock (2) | 06/15/2010 | 06/15/2010 | М | 1,000 | А | \$ 31.86 | 2,300 | D |
| Common Stock (4) | 06/15/2010 | 06/15/2010 | S | 1,000 | D | \$ 50.9 | 1,300 | 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 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) | onof D Secu Acq (A) Disp (D) | urities uired or posed of tr. 3, 4, | 6. Date Exerci Expiration Dat (Month/Day/Y | te | 7. Title and J Underlying S (Instr. 3 and | Securities |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|--------------------|-------------------------------------------------|----------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options | \$ 35.53 | 06/15/2010 | 06/15/2010 | М | | 1,000 | 04/21/2006 | 04/21/2015 | Common Stock | 1,000 |
| Stock Options | \$ 35.53 | 06/15/2010 | 06/15/2010 | М | | 1,000 | 04/21/2006 | 04/21/2015 | Common Stock | 1,000 |
| Stock Options | \$ 35.53 | 06/15/2010 | 06/15/2010 | М | | 1,000 | 04/21/2006 | 04/21/2015 | Common Stock | 1,000 |
| Stock Options | \$ 31.86 | 06/15/2010 | 06/15/2010 | М | | 1,000 | 04/24/2007 | 04/24/2016 | Common Stock | 1,000 |

Reporting Owners

| Reporting Owner | Name / | Address |
|-----------------|--------|---------|
|-----------------|--------|---------|

Relationships

Director

10% Owner Officer Other

8 D S (]

UPRICHARD DAVID C 5791 VAN ALLEN WAY CARLSBAD, CA 92008

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Signatures

/s/ David L. Szekeres, POA

06/16/2010

**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) Options exercised from Grant #11256
- (2) Options exercised from Grant # 101047
- (3) Sale of common stock from exercise of Grant # 11256
- (4) Sale of common stock from exercise of Grant # 101047

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.