### Edgar Filing: SWOBODA CHARLES M - Form 4

SWOBODA (	CHARLES M										
Form 4											
March 07, 201											
FORM	<b>4</b>	о стате	S SECUDI	TIEC AN	ID EVCI			OMMISSION		PROVAL	
		DSIAIE		ington, I			GEC	JMIMISSION	OMB Number:	3235-0287	
Check this			vv usi	<u></u>						January 31,	
if no longer which the STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					ERSHIP OF	Expires:	2005				
	subject to Statement of charters in Beneficial Ownershift of Section 16. SECURITIES								Estimated a burden hour	-	
Form 4 or									response	0.5	
Form 5 obligations	, <b>^</b>						•	Act of 1934,			
may contir				•	<b>•</b> •	•		1935 or Section	1		
See Instruc	ction	30(n)	) of the Inv	estment C	ompany	Act 0	01 1940	)			
1(b).											
(Print or Type Re	esponses)										
1 Name and Ad	dress of Reportin	ng Person *	2 I	Tama and T	с: -1 т.			5. Relationship of 1	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person <u>*</u> SWOBODA CHARLES M			Symbol	2. Issuer Name <b>and</b> Ticker or Trading				Issuer			
			CREE IN	C [CREE	21						
(Last)	(First)	(Middle)	3. Date of E	-	-			(Check	all applicable	)	
(Eust)	(Thist)	(ivitable)	(Month/Day		isaction			_X_ Director	10%	Owner	
C/O CREE, I	NC., 4600 SII	LICON	03/05/201					_XOfficer (give	title Othe below)	r (specify	
DRIVE								below) CHAIRMAN, F	· · ·	ND CEO	
	(Street)		4. If Amend	lment. Date	Original			6. Individual or Joi	nt/Group Filin	g(Check	
			Filed(Month		8			Applicable Line)	F	0(	
								_X_ Form filed by O			
DURHAM, N	NC 27703						Ī	Form filed by Me Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative Se	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction	Date 2A. D	eemed	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y		tion Date, if Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)					Securities	OwnershipIndirectForm: DirectBeneficial(D) orOwnership		
(Instr. 3)		any (Mont					))	Beneficially Owned		Beneficial Ownership	
		(intoint	, Duj, 1011)	(11547.0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or	ъ.	(Instr. 3 and 4)			
COMMON				Code V	Amount	(D)	Price \$				
STOCK	03/05/2013			Μ	40,000	А	φ 22.9	351,270	D		
COMMON STOCK	03/05/2013			S <u>(1)</u>	40,000	D	\$ 47.9	311,270	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Numł orDerivati Securitia Acquire or Dispo (D) (Instr. 3 and 5)	ive es ed (A) osed of	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and Underlying (Instr. 3 and
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
NONQUALIFIED STOCK OPTION (RIGHT TO BUY)	\$ 22.9	03/05/2013		М	40	0,000	09/02/2011	09/02/2015	COMMO STOCK

## **Reporting Owners**

Reporting Owner Name / Addres	Relationships						
	Director	10% Owner	Officer	Other			
SWOBODA CHARLES M C/O CREE, INC. 4600 SILICON DRIVE DURHAM, NC 27703	Х		CHAIRMAN, PRESIDENT AND CEO				
Signatures							
Charles M.	3/07/2013						

Swoboda	03/07/201			
<pre>**Signature of Reporting Person</pre>	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 sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by Mr. Swoboda on May 30, 2012.

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.