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ADE CORP
Form 4
May 11, 2001

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

[] Check this box if
no longer subject
to Section 16.
Form 4 or Form 5
obligations may
continue.
SEE Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

(Print or Type Response)

| | | |
|--|---|---------------------------|
| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol | 6. Relationship to Issuer |
| KOLIOPOULOS, CHRIS L. | ADE CORPORATION (ADEX) | (Check one) |

| | | | | | | |
|--------|---------|----------|--|-----------------------------|-------|----------|
| (Last) | (First) | (Middle) | 3. IRS or Social Security Number of Reporting Person (Voluntary) | 4. Statement for Month/Year | x | Director |
| | | | | 04/01 | _____ | Officer |
| | | | | | _____ | (Title) |
| | | | | | | below |
| | | | | | | Pres |
| | | | | | | owne |

| | | |
|----------|--|----------------------|
| (Street) | 5. If Amendment, Date of Original (Month/Year) | 7. Indicate if Filed |
| | | x For |
| | | _____ For |
| | | _____ Per |

| | | | | | | |
|---------------------------------|---------------------|--------------------------------|---|------------|----------|---------------|
| (City) | (State) | (Zip) | TABLE 1 - NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount | 6. Price | 7. (Instr. 3) |
| | (Month/Day/Year) | Code V | Amount | (A) or (D) | | |

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Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.
SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Chris L. Koliopoulos

**Signature of Reporting Person

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.