Edgar Filing: SALESFORCE COM INC - Form 4

SALESFOR	RCE COM INC											
Form 4												
December 0	06, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL			
	RITIES A shington			NGE CO	OMMISSION	OMB Number:	3235-0287					
Check this box if no longer subject to Section 16. Section 16.									Expires:	January 31,		
				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires. 2005 Estimated average burden hours per			
Form 4									response 0.5			
Form 5 obligation	-						-	Act of 1934,				
may cor	ntinue. Section 17(•	•	· ·	•	1935 or Section				
<i>See</i> Insta 1(b).	ruction	50(II)	of the fi	nvestmen	t Compa	Iy At	1 01 1940)				
(Print or Type	Responses)											
1. Name and Address of Reporting Person _2. IssueBenioff MarcSymbol				and thener of through				5. Relationship of Reporting Person(s) to Issuer				
			-	SFORCE COM INC [CRM]				(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			(Cneck	all applicable)		
			(Month/	/Day/Year)				XDirector10% Owner				
THE LANDMARK @ ONE 12/06/2 MARKET STREET, SUITE 300							_X_Officer (give titleOther (specify below) below)					
MARKET STREET, SUITE 500								Chairman of the Board and CEO				
	(Street)			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
SAN FRAM	NCISCO, CA 941	05						Form filed by Mo Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	omr Dispos (Instr. 3, 4	ed of (4 and 5 (A) or	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)		
				Code V	Amount	(D)	Price \$					
Common Stock	12/06/2016			S <u>(1)</u>	12,500	D	⁽²⁾	34,508,000	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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: SALESFORCE COM INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
FB	Director	10% Owner	Officer	Other				
Benioff Marc THE LANDMARK @ ONE MARKET STREET SUITE 300 SAN FRANCISCO, CA 94105	х		Chairman of the Board and CEO					
Signatures								
/s/ Scott Siamas, Attorney-in-Fact for Marc Benioff	12	/06/2016						
**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) Pursuant to a 10b5-1 Plan.

Weighted average price. These shares were sold in multiple transactions at prices ranging from \$70.0200 to \$70.8500 inclusive. The(2) reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange

Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above. 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.