Edgar Filing: Sullivan L Joseph - Form 4

Sullivan L Jos	eph										
Form 4											
November 17,	2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMINIISSION	OMB Number:	3235-0287	
Check this						Expires:	January 31,				
if no longer subject to STATEMENT OF CHA				GES IN B	BENEFIC	CIAL	OWN	NERSHIP OF	. 20		
subject to Section 16.			1	SECURI	TIES			Estimated average burden hours per			
Form 4 or					response 0.8						
Form 5 obligations	· ·						•	e Act of 1934,			
may contin				•		•		1935 or Section	1		
See Instruc	tion	30(h)) of the Inv	estment (Company	Act o	of 194	0			
1(b).											
(Print or Type Re	esponses)										
	dress of Reporting	Person <u>*</u>	2. Issuer I	Name and '	Ficker or T	rading		5. Relationship of Reporting Person(s) to			
Sullivan L Joseph Sym								Issuer			
			LOGITE	CH INTE	ERNATIO	DNAL	L SA	(Check all applicable)			
			[LOGI]								
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
				y/Year)				below) below)			
KAISER DR)	11/15/20	10				Senior VP,	Worldwide Ope	eration	
KA HOLK DK			4 10 4	1	0.1.1					(21)	
(Street) 4. If Am Filed(M				dment, Dat	e Original			6. Individual or Joint/Group Filing(Check Applicable Line)			
				1/Day/1eal)				_X_Form filed by One Reporting Person			
FREMONT,	CA 94555							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securities Acquired				6. Ownership		
Security (Instr. 3)	(Month/Day/Year) Execut any	tion Date, if	Transaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)					Indirect (I) Owners	Indirect Beneficial	
(IIISUT C)		-	n/Day/Year)					Owned		Ownership	
							Following (Instr. 4) Reported		(Instr. 4)		
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Registered	11/15/0010							25.150	D		
Shares (1)	11/15/2010			А	18,000	А	\$0	25,150	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)

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1. Title of	2. Conversion	3. Transaction Date		4. Transactiv	5.	6. Date Exer		7. Titl		8. Price of	9. Nu Dariy
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)	nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	dress							
1 0	Director 10% Owner			Officer	Other			
Sullivan L Joseph C/O LOGITECH, INC. 6505 KAISER DRIVE FREMONT, CA 94555				Senior VP, Worldwide Operation				
Signatures								
/s/ Tom Kaweski as attorney in fact for L. Joseph Sullivan				11/17/2010				
<u>**</u> Signature of Reporting Person	ı			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).

Each restricted stock unit (RSU) represents the right to receive, following vesting, one Logitech share. The RSUs vest and converts into (1) shares in four equal annual installments. The first installment vests on November 15, 2011, and the next three vest on November 15, 2012, November 15, 2013 and November 15, 2014.

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.