

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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | | 2. | Issue | r Name | and Tick | er or | Tradir | ng Symb | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|----------|-------------|-----------|---|-----------------------|--|----------|---|-------------|--|--------------------|---|---|---|---|---|--------------|
| POLK DEN | NIS | | | | SY | YNN | VEX C | ORP [| SN | X] | | | | | | | |
| (Last) (First) (Middle) | | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | X Director 10% Owner | | | |
| 44201 NOBEL DRIVE | | | | | | | | 10/ | 3/20 | 018 | | | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | |
| | (Stre | et) | | | 4. | If An | nendme | nt, Date C | rigi | nal File | d (MM/DI | D/YYY | Y) 6. Individual of | or Joint/G | roup Filing (| Check Appl | icable Line) |
| FREMONT, CA 94538 (City) (State) (Zip) | | | | | | | | | | | | | X Form filed by | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | Table | I - No | n-Dei | rivati | ive Seci | ırities Ac | quir | ed, Dis | sposed o | f, or l | Beneficially Own | ed | | | - |
| 1.Title of Security (Instr. 3) | | | . Date | 2A. Deemed Execution Date, if any | | 3. Trans. Cod (Instr. 8) | | 4. Securities A or Disposed of (Instr. 3, 4 and | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Ownership of I Form: Ber | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | | | (Instr. 4) |
| Common Stock 10/3/2013 | | | | 018 | į | | F | | 338 | D | \$84.90 | 24156 | | D | | | |
| Common Stock 10/3/2018 | | | | | _ | | F | | 305 | D | \$84.90 | 23851 | | D | | | |
| Common Stock 10/3/2018 | | | | 018 | F 406 D \$84.90 23445 | | | D | | | | | | | | | |
| | Tabl | le II - Der | ivative | Secui | ities l | Bene | ficially | Owned (| e.g. | , puts, | calls, wa | arran | ts, options, conve | rtible sec | urities) | | |
| Security Conversion or Exercise Price of Derivative | | | Execution | | | Acquire Dispose | | | | 5. Date Exercisable and Expiration Date | | | e and Amount of ties Underlying tive Security 3 and 4) | Derivative Security | Securities Beneficially Owned | Ownership Form of Derivative Security: | Beneficial |
| | Security | | | | Code | V | (A) | (D) | Date Exe | e rcisable | Expiration Date | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| POLK DENNIS | | | | | | | | |
| 44201 NOBEL DRIVE | X | | Chief Executive Officer | | | | | |
| FREMONT, CA 94538 | | | | | | | | |

Signatures

/s/ Simon Y. Leung, Attorney-in-Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.