## Edgar Filing: POWER ONE INC - Form 4

POWER ON	E INC											
Form 4												
May 05, 201	1											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CONVICE</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check this box								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW						OW	NERSHIP OF	Estimated a	2005 d average			
Section 1	16. SECURITIES								burden hours per			
Form 4 or Form 5					a	Б		A ( 61024	response	0.5		
obligation	· ·						U U	e Act of 1934,				
may conti	nue. Section 17(			vestment				f 1935 or Section	n			
See Instru 1(b).	ction	50(II) (	of the fire	vestment	Company	Act	01 19-	+0				
1(0).												
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person * GACEK JON W2. Issuer Symbol			uer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
-				ONE IN	C [PWEF	<b>\</b> ]		(Check all applicable)				
(Last)	(First) (1	Middle)	3. Date of	Earliest Tra	ansaction			(Chec	к ан аррисави	)		
740 CALLE PLANO         (Month/Dec)           (Street)         4. If America			/Day/Year)				_X_ Director 10% Owner					
			05/03/20	)11				Officer (give title Other (specify below)				
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	LO, CA 93012							Person	fore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		n Date, if	Date, ifTransaction(A) or Dispose CodeCode(D)y/Year)(Instr. 8)(Instr. 8)(Instr. 3, 4 and			of	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
						(A)		Transaction(s)				
Common				Code V	Amount 14,668	or (D)	Price	(Instr. 3 and 4)				
Stock	05/03/2011			А	( <u>1</u> )	А	\$0	36,641	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)

## Edgar Filing: POWER ONE INC - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumb	per	6. Date Exerce Expiration Date		7. Title Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	of Deriva Securi Acqui (A) or Dispos of (D) (Instr.	1			Under Securi	lying	Security S (Instr. 5) E C F R T	Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
I B	Director	10% Owner	Officer	Other					
GACEK JON W									
740 CALLE PLANO	Х								
CAMARILLO, CA 93012									
Signatures									
Tina D. McKnight, Attorney-in Gacek	05/0	05/05/2011							

\*\*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) Restricted Stock Units will vest 100% on the earlier of (i) the first anniversary of the date of grant, or (ii) one day prior to the date of the next Annual Meeting of stockholders.

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.