Edgar Filing: HALLIDAY ROBERT J - Form 4

HALLIDAY	ROBERT J										
Form 4 February 27	2013										
Check this box January								OMB	PROVAL 3235-0287		
(Print or Type R 1. Name and A HALLIDAY	ddress of Reporting	g Person <u>*</u>	Symbol	ED MATE	Ticker or Tr ERIALS IN	U	ЭE	5. Relationship of Issuer (Chec)	Reporting Pers k all applicable		
INC., P.O. E	(First) ED MATERIAL BOX 58039, 305 AV, M/S 1268		3. Date of (Month/D 02/25/20	-	ansaction			Director X Officer (give below) Senior Vie		Owner r (specify CFO	
Filed(Mon				ndment, Date Original hth/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 			
SANTA CL	ARA, CA 95054	4						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4 a Amount	osed c	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/25/2013			А	100,000 (1)	A	\$0	243,954 <u>(2)</u>	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 Deriva Securit (Instr. 1	tive C ty or 3) P D	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
HALLIDAY ROBERT J C/O APPLIED MATERIALS, INC. P.O. BOX 58039, 3050 BOWERS AV, 2 SANTA CLARA, CA 95054	M/S 1268		Senior Vice President & CFO						
Signatures									
/s/ Charmaine Mesina, Attorney-in-Fact	02/27/2013								
<u>**</u> Signature of Reporting Person	Date								
Evolution of Respon	0001								

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).

Represents performance shares that will be converted on a one-for-one basis into shares of Applied Materials, Inc. common stock upon vesting, which vesting depends on the achievement of specified performance goals. Provided such goals are achieved, vesting is

(1) scheduled to occur no earlier than in four equal annual installments beginning December 19, 2013 (subject to continued employment through each applicable vest date). The number of shares shown is the target amount. The actual number of shares that may vest ranges from 0% to 150% of the target amount, depending on achievement of specified performance goals.

Number of shares includes 120,000 restricted stock units previously reported that in the future will be converted on a one-for-one basis into shares of Applied Materials, Inc. common stock upon vesting, which vesting is scheduled to occur as follows: (a) 80,000 shares are (2)scheduled to vest in installments during each November of 2013 and 2014; and (b) 40,000 shares are scheduled to vest in installments during each January of 2014 through 2017 (all vesting is subject to continued employment through each applicable vest date).

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.