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CALIX, INC Form 5									
February 04, 2016									
FORM 5							PPROVAL		
UNI	TED STATES SE				COMMISSION	OMB Number:	3235-0362		
Check this box if no longer subject		Washington, D	9		Expires:	January 31, 2005			
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	ANNUAL STATI OW	EMENT OF CH NERSHIP OF S		NEFICIAL	Estimated burden hou response	average urs per			
1(b). Fil	ed pursuant to Secti on 17(a) of the Publ 30(h) of th		ig Comp	any Act	of 1935 or Sectio	n			
1. Name and Address of Rep Atkins William J	Syn	ssuer Name and Tic ibol LIX, INC [(CAI		ling	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First)	(Middle) 3. S	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015			(Check all applicable)				
C/O CALIX, INC., 1 MCDOWELL BLVD.	12/				Director 10% Owner X Officer (give title Other (specify below) below) Executive VP and CFO				
(Street)	. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Jo	6. Individual or Joint/Group Reporting				
					(check applicable line)				
PETALUMA, CAÂ	94954				_X_ Form Filed by Form Filed by I Person				
(City) (State)	(Zip)	Table I - Non-Der	ivative Se	curities A	cquired, Disposed of	f, or Beneficia	lly Owned		
	ion Date 2A. Deemed y/Year) Execution Da any (Month/Day/	Code	Dispose	d (A) or d of (D) , 4 and 5) (A) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Â Stock	Â	Â	Â	ÂÂ	3,758 <u>(1)</u>	D	Â		

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

CALIX INC

Persons who respond to the collection of information SEC 2270 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)

(9-02)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D S B O Eı Is Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Director 10% Owner Office		Officer	Other			
Atkins William J C/O CALIX, INC. 1035 N. MCDOWELL BLVD. PETALUMA, CA 94954	Â	Â	Executive VP and CFO	Â			
Signatures							
/s/ Sabrina Mekhalfa as Attorney-in-Fact for William J Atkins 02/02/2016							
**Signature of Report	Date	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) Shares acquired in calendar year 2015 under the Issuer's Employee Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.