

SALESFORCE COM INC
Form 4
July 23, 2014

FORM 4

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

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Harris Parker

(Last) (First) (Middle)

THE LANDMARK @ ONE
MARKET STREET, SUITE 300

(Street)

SAN FRANCISCO, CA 94105

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
SALESFORCE COM INC [CRM]

3. Date of Earliest Transaction
(Month/Day/Year)
07/22/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
Co-Founder

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| | | | Code | V | Amount or (D) Price | | |
| Common Stock | 07/22/2014 ⁽¹⁾ | | M | | 11,333 A \$ 16.36 | 25,261 | D |
| Common Stock | 07/22/2014 ⁽¹⁾ | | S | | 11,333 D \$ 53.7021 | 13,928 | D |
| Common Stock | | | | | | 308,472 | I By GP Family Trust ⁽³⁾ |
| Common Stock | | | | | | 1,092,283 | I By HJ Family Trust ⁽⁴⁾ |

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) Pursuant to a 10b5-1 Plan.

Weighted average price. These shares were sold in multiple transactions at prices ranging from \$53.41 to \$53.99 inclusive. The reporting

(2) person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

(3) Shares held in The G. Parker Harris III Family Trust under the G. Parker Harris, III Grantor Retained Annuity Trust, dated December 19, 2003.

(4) Shares held in The G. Parker Harris III & Holly L. Johnson Family Trust.

(5) Shares held in The Holly L. Johnson Family Trust under the Holly L. Johnson Grantor Retained Annuity Trust, dated December 19, 2003.

(6) Shares held in The G. Parker Harris III Exempt GST Family Trust.

(7) Shares held in The Holly L. Johnson Exempt GST Family Trust.

(8) Option is exercisable and vests over four years at the rate of 25% on November 24, 2010, the first anniversary of the holder's date of grant, with the balance vesting in equal monthly installments over the remaining 36 months.

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.