Edgar Filing: COHERENT INC - Form 4

COLIEDENT INC

| Form 4 | | | | | | | | | | | |
|--|--------------------------------------|--|---|--|--|----------------|---------------|---|--|---|--|
| April 03, 2006 FORM Check this if no longe | 4 UNITED | x Washington, D.C. 20549 x 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 20(k) af the Investment Company Act of 1940 | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pu Section 17 | | | | | | | | | | |
| (Print or Type Re 1. Name and Ad ROGERSON | dress of Reporting | Person <u>*</u> | Symbol | Name and ENT INC | | | g | 5. Relationship of Issuer | f Reporting Per ck all applicable | | |
| (| | | 3. Date of Earliest Transaction(Month/Day/Year)03/30/2006 | | | | | Officer (give title Other (specify below) below) | | | |
| | | | | ndment, Date Original th/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 Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | ecuri | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | Execution any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, | (A) o 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 | 03/30/2006 | | | Code V A | Amount 2,000 (1) | (D) A | Price \$ 0 | 3,000 | 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 of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ion Date 3A. Deemed 4. 5. Number 6. Date Exercisable and y/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Ame Underlying Secu (Instr. 3 and 4) | | | |
|---|---|---|---|--------|---------|---|--------------------|-----------------|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Ai or Ni of Sł |
| Non-Qualified Stock Option (right to buy) | \$ 35.01 | 03/30/2006 | | А | 6,000 | 03/29/2007(2) | 03/30/2016 | Common Stock | ϵ |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| ROGERSON GARRY W P. O. BOX 54980 SANTA CLARA, CA 95056 | Х | | | | | | |
| Signatures | | | | | | | |
| Scott H. Miller, by power of atty | 04 | | | | | | |
| **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) RSU common shares to vest 3/29/09.
- (2) These shares become exercisable 50% 3/29/07 and 3/29/08, respectively.

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.