### Edgar Filing: TERAYON COMMUNICATION SYSTEMS - Form 5

#### TERAYON COMMUNICATION SYSTEMS

Form 5

February 18, 2005

#### FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer RICHMAN MARK Symbol TERAYON COMMUNICATION (Check all applicable) SYSTEMS [TERN] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Other (specify X \_ Officer (give title (Month/Day/Year) below) below) 12/31/2004 Senior VP, Fin & Adm and CFO 4988 GREAT AMERICA **PARKWAY** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

## SANTA CLARA, Â CAÂ 95054

(State)

(Zip)

(City)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

**OMB APPROVAL** 

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

					~ <b>-1</b> , -	P	,	,
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Am	ount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	Acquired (A) or	Securi	ties	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)	Benefi	cially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	) Owned	d at end	Indirect (I)	Ownership
				(A)	of Issu	er's	(Instr. 4)	(Instr. 4)
				(A)	Fiscal	Year		
				or	(Instr.	3 and 4)		
				Amount (D) I	Price			

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

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and A
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying Se

(9-02)

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) of Disposed of (D) (Instr. 3, 4, and 5)	r )	(Month/Day/Year)	
					(A) (D	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 1.99	11/30/2004	Â	A4	500,000 Â	$\hat{A}$ (1)	11/30/2014	Common Stock

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
RICHMAN MARK 4988 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	Â	Â	Senior VP, Fin & Adm and CFO	Â		

# **Signatures**

Rachel Nico Halpren for Mark Richman 02/18/2005

\*\*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) Option granted from the 1997 Equity Incentive Plan. 25% of the total shares vest one year from the hire date. 1/48 of the total shares vest monthly thereafter.

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.

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