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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 WOODROW DAVID M Symbol TERAYON COMMUNICATION (Check all applicable) SYSTEMS [TERN] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) _X_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year)

4988	GREAT	AMERICA
PAR	KWAY	

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

12/31/2004

(check applicable line)

below)

OMB APPROVAL

SANTA CLARA, Â CAÂ 95054

(State)

(Zip)

(City)

X Form Filed by One Reporting Person Form Filed by More than One Reporting

					1 , F	,	,
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	Acquired (A) or	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned at end	Indirect (I)	Ownership
				(4)	of Issuer's	(Instr. 4)	(Instr. 4)
				(A)	Fiscal Year		
				or	(Instr. 3 and 4)		
				Amount (D) 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

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 Ar
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 or Dispose (D) (Instr. 3, 4 and 5)	ed of	(Month/Day/Year)		(Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	A or N
Non-Qualified Stock Option (right to buy)	\$ 2.74	12/16/2004	Â	A4	25,000	Â	(1)	12/16/2014	Common Stock	2
Non-Qualified Stock Option (right to buy)	\$ 2.74	12/16/2004	Â	A4	6,000	Â	(1)	12/16/2014	Common Stock	
Non-Qualified Stock Option (right to buy)	\$ 2.74	12/16/2004	Â	A4	3,000	Â	(1)	12/16/2014	Common Stock	
Non-Qualified Stock Option (right to buy)	\$ 2.74	12/16/2004	Â	A4	6,000	Â	(1)	12/16/2014	Common Stock	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
WOODROW DAVID M 4988 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	ÂΧ	Â	Â	Â		

Signatures

Rachel Nico Halpren for David Woodrow 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).
- Shares granted from the 1998 Non-Employee Directors' Stock Option Plan. Thirty-three percent (33%) of the shares subject to this option (1) shall vest on the first anniversary of the Grant Date and one thirty-sixth (1/36) of the shares shall vest monthly thereafter over the remaining 24 months.

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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