FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burde | en | | | | |
| l | hours per response: | 0.5 | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Rosa David J. | | | | | | | | | cker or Tra VRGIC | | Symbol INC [IS | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|---|--|---|---------|---|--|----------------|----------|--|-------|--|--|---|---|---|---|--|--|--|
| (Last) 1020 KII | Last) (First) (Middle) | | | | | | f Earli 017 | est Tran | saction (I | Month | /Day/Year) | | A below | Officer (give title below) EVP & Chief Comme | | | · | | |
| (Street) SUNNYVALE CA 94086 | | | | | | 4. If Amendment, Date of Original Filed (Month/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 | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Person | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curiti | ies Ac | quired | , Dis | sposed o | of, or Be | neficia | lly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Benefic Owned | ies cially Following | Form (D) o | n: Direct r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Report Transa (Instr. 3 | ction(s) | | | (Instr. 4) | | | | |
| Common | Stock | /2017 | | | | | | 2,000 | A | \$107 | 27 4 | 7 4,223 | | D | | | | | |
| Common Stock 02/02/3 | | | | | | | | | S ⁽¹⁾ | | 2,000 | D | \$70 | 0 2 | 2,223 | | D | | |
| | | 7 | able II - | | | | | | | | osed of converti | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to | \$107.27 | 02/02/2017 | | | М | | | 2,000 | (2) | | 02/17/2019 | Common Stock | 2,000 | \$0.0 | 28,000 | 0 | D | | |

Explanation of Responses:

- 1. These shares were sold pursuant to a 10b5-1 Plan entered into on 11-10-16.
- 2. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.

By: Lori Serrano For: David J Rosa

02/03/2017

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.