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PLANTRONI	CS INC /CA/									
Form 4										
October 29, 20)08									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longer	.							Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	Estimated average		
	Section 16. SECURITIES							burden hour	s per	
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligations	Section 17(a)) of the Public Uti				•		n		
may contin See Instruc	ue.	30(h) of the Inv								
1(b).	lion			1 5						
(Print or Type Re	sponses)									
1. Name and Add	dress of Reporting P	erson [*] 2 Issuer	Name and T	Ticker or Tr	ading	5. R	elationship of	Reporting Pers	on(s) to	
NIEMI DENIEE							Issuer			
		•	PLANTRONICS INC /CA/ [PLT]				(Charle all annliaghte)			
(Last)	(First) (M	iddle) 3. Date of	Earliest Trai	nsaction			(Checi	k all applicable)	
		(Month/Da	y/Year)				Director		Owner	
345 ENCINA	L STREET	10/27/20	08			X belo	COfficer (give	title Othe below)	r (specify	
							· · · · · · · · · · · · · · · · · · ·	E PRESIDENT		
	(Street)	4. If Amen	dment, Date	Original		6. Iı	ndividual or Jo	int/Group Filin	g(Check	
		Filed(Mont	h/Day/Year)				licable Line)			
SANTA CDI								One Reporting Per Iore than One Re		
SANTA CRU	Z, CA 95000					Pers				
(City)	(State) (2	Zip) Table	I - Non-De	rivative Se	curities A	Acquired	d, Disposed of	, or Beneficiall	y Owned	
1.Title of	2. Transaction Dat		3.	4. Securit			Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Transaction Code	on(A) or Dis (Instr. 3, 4			ecurities eneficially	Ownership Form: Direct	Indirect Beneficial	
(1130. 5)		(Month/Day/Year)		(1130. 5, -	r and <i>S</i>)		wned	(D) or	Ownership	
							ollowing	Indirect (I)	(Instr. 4)	
					(A)		eported ransaction(s)	(Instr. 4)		
			Code V	Amount	or (D) F		nstr. 3 and 4)			
COMMON	10/07/0000			10,000	\$	2	0.570	D		
STOCK	10/27/2008		А	(1)	$\begin{array}{c} A \\ 0 \end{array}$).01	8,579	D		
COMMON								_	1 10 1 2	
STOCK						9.	45	Ι	by 401(k)	

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 12.78	10/27/2008		А	10,000	10/27/2009 <u>(2)</u>	10/27/2015	COMMON STOCK

Reporting Owners

ess	Relationships						
Director	10% Owner	Officer	Other				
		VICE PRESIDENT					
10/28/2008							
	Director	258 Director 10% Owner	Director 10% Owner Officer VICE PRESIDENT				

<u>**</u>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) Represents a Restricted Stock Award which shall vest over 4 years on a quarterly basis subject to continued employment.
- (2) Option was granted by the Issuer pursuant to a Rule 16-b plan and becomes exercisable as follows: 33.3% of the shares subject to the option vest 12 months from date of grant; and 1/36th of the shares subject to option vest each month thereafter.

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.