COHERENT INC

Form 4

December 01, 2011

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

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Check this box

Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * TOMLINSON LAWRENCE

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First) (Last)

(Middle)

COHERENT INC [COHR]

(Check all applicable)

P.O. BOX 54980

3. Date of Earliest Transaction (Month/Day/Year)

11/29/2011

Code

(Instr. 8)

X_ Director 10% Owner Other (specify Officer (give title

below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

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

Person

SANTA CLARA, CA 95056-0980

(Street)

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4)

(Instr. 4)

(A) V Amount

Reported Transaction(s)

(Instr. 3 and 4)

Common Stock

Security

(Instr. 3)

11/29/2011

Code (D) S 2,000 D

Price 3,200 47.839

D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transact | 5. ionNumber | 6. Date Exer Expiration D | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|------------------|--------------------------------------|-------------------------------|----------------|-----------------|---------------------------|------------|-----------------|----------|------------------------|----------------|
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | ve . | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securitie | S | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | l | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | l | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | Code V | (A) (D) | Date | Expiration | Title | Amount | | |
| | | | | Code v | (A) (D) | Exercisable | Date | Title | or | | |
| | | | | | | Exercisable | Date | | Number | | |
| | | | | | | | | | of | | |
| | | | | | | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| TOMLINSON LAWRENCE P.O. BOX 54980 SANTA CLARA, CA 95056-0980 | X | | | | | | |

Signatures

/s/ Bret DiMarco, Pursuant to Power of Attorney 12/01/2011

**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).

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.

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