

Reported by ANDRESON JEFF

FORM 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 02/16/10 for the Period Ending 12/31/09

Address 3560 BASSETT STREET

SANTA CLARA, CA, 95054

Telephone 4089869888

CIK 0001001902

Symbol IVAC

SIC Code 3559 - Special Industry Machinery, Not Elsewhere Classified

Industry Industrial Machinery & Equipment

Sector Industrials

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[X] Form 4 Transactions
Reported

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

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

			S	ection	1 30(11) 0)1 U	ie ilivesti	mem Co	шрапу	Acı	01 1940					
1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol						•	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Andreson Je	ff			IN	NTEVA	CI	NC [IVA	(C]								
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY)							X Officer (give title below) Other (specify below)				
3560 BASSETT STREET												VP Finance and Administration,				
	(Stree	t)		4.	If Amenda	men	t, Date Orig	ginal File	d (MM/DI	D/YYYY	() 6. Individual or	Joint/Gro	oup Filing	(Check Appl	icable Line)	
SANTA CLARA, CA 95054											X Form Filed by	X Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(Ci	ity) (State	e) (Zip)													
			Table I - N	on-De	rivative S	ecui	rities Acqu	iired, Dis	posed o	f, or B	eneficially Owned	1				
1.Title of Security (Instr. 3) 2. Trans. D			ns. Date	Date 2A. Deemed Execution Date, if any 3. Trans. Code (Instr. 8)		or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of I Form: Ber	7. Nature of Indirect Beneficial Ownership			
							Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock 11/13/200				3/2008			P4	100	A	\$5.337	16000			I	by Trust	
Common Stock											6	000		D		
Table l	II - Derivati	ve Securit	ties Acquir	red, Dis	sposed of,	or	Beneficiall	ly Owned	l (e.g. ,	puts, c	calls, warrants, op	tions, con	vertible s	ecurities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex	3A. Deemed Execution Date, if any	4. Trans Code (Instr. 8	Deriv Acqu Dispo	Derivative Securities		Expiration Date Secur MM/DD/YYYY) Deriv		e and Amount of ities Underlying ative Security 3 and 4)	Derivative Security	9. Number of Derivative Securities Beneficially	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(.	A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Owned at End of Issuer's Fiscal Year (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Explanation of	Responses:															
Reporting Own	ers															
Reporting Owner	r Name / Ad	dress			Relation	ship	os —									
The string of the	/ 110	Dire	ctor 10% O	wner O	fficer			k	Other							

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Andreson Jeff 3560 BASSETT STREET SANTA CLARA, CA 95054			VP Finance and Administration,	,			

Signatures

Jeffrey Andreson	2/16/201
**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 control number.