

## **INTEVAC INC** Reported by **HILL STANLEY J**

# FORM 3 (Initial Statement of Beneficial Ownership)

### Filed 03/10/04 for the Period Ending 02/29/04

| 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   |

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

#### INITIAL STATEMENT OF 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

| 1. Name and Address of Reporting Person <sup>*</sup><br>HILL STANLEY J |  | of Event Re<br>nt (MM/DI<br><b>2/29/200</b>                             | D/YYY  | Y)                               | 3. Issuer Name and Ticker or Trading Symbol<br>INTEVAC INC [IVAC]  |  |   |  |
|--|--|---|--|----------------------------------|--|--|---|--|
| (Last) (First) (Middle)  | 4. Relat   | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |                                  |  |  |   |  |
| 1180 EAGLE VISTA COURT   | XD   | irector<br>icer (give title   | below)   |                                  | 10% Owner<br>Other (specify below)   |  |   |  |
| (Street)<br>RENO, NV 89511   |  | . If Amendment, Date<br>Driginal Filed (MM/DD/YYYY)                     |  | Y) X Form filed by               | 6. Individual or Joint/Group Filing (Check Applicable Line)    X_Form filed by One Reporting Person   Form filed by More than One Reporting Person |  |   |  |
| (City) (State) (Zip)   |  |   |  |                                  |  |  |   |  |
|  | Tabl   | e I - Non-D   | Derivati   | ve Securities Benefic            | ially Owned  |  |   |  |
| 1. Title of Security<br>(Instr. 4)                                     |  |   | Beneficially Owned<br>(Instr. 4)   |                                  | -  | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |   |  |
| Table II - Derivative  | Securities l   | Beneficially  | y Owne   | d ( <i>e.g.</i> , puts, calls, v | varrants, options  | s, convertible sec                                       | curities)   |  |
| 1. Title of Derivate Security<br>(Instr. 4)                            | 2. Date Exercisable<br>and Expiration Date<br>(MM/DD/YYYY) |   | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                                  | 4. Conversion<br>or Exercise<br>Price of<br>Derivative   | Form of<br>Derivative<br>Security:                       | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|  | Date<br>Exercisable  | -   |  | Amount or Number o<br>Shares     | f Security   | Direct (D) or<br>Indirect (I)<br>(Instr. 5)              |   |  |

#### **Explanation of Responses:**

No securities are beneficially owned.

#### **Reporting Owners**

| Penerting Owner Name / Address           | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address           | Director      | 10% Owner | Officer | Other |  |  |
| HILL STANLEY J<br>1180 EAGLE VISTA COURT | x             |           |         |       |  |  |
| RENO, NV 89511                           |               |           |         |       |  |  |

#### Signatures

| By: Kevin H. Soulsby For: Stanley J. Hill | 3/10/2004 |
|---|-----------|
|---|-----------|

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 5(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.