

# Reported by BURK KIMBERLY

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 09/03/04 for the Period Ending 06/23/04

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



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

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

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## 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

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1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DUDIZ IZIM	DEDIV			IN	TF	VAC	INC	7 [ ]	VAC	٦1				(Check an app	nicable)				
BURK KIMBERLY						INTEVAC INC [ IVAC ]									Director 10% Owner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (MM/DD/YYYY)									X Officer (give title below) Other (specify below)				
3560 BASSETT STREET					6/23/2004									Director, Human Resources					
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SANTA CLARA, CA 95054 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(0	ny) (Su	(E)	P)	<u> </u>										1					
			Table I - I	Non-Der	ivat	ive Seci	uritie	es Ac	quire	ed, D	isposed	of, or E	en	eficially Owne	ed				
1. Title of Security (Instr. 3)					Date 2A. Deemed Execution Date, if any			ans. Co r. 8)	ode	e 4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)		Ď) (Ď	A) 5. Amount of Securit Following Reported (Instr. 3 and 4)				Ownership of Ir Form: Bene	Beneficial	
							Co	ode	V	Amoi	(A) (aunt (D)							Ownership (Instr. 4)	
	Tab	le II - Deri	ivative Sec	urities I	Bene	eficially	Owi	ned (	e.g. ,	puts	, calls, v	varran	is, c	options, conve	rtible sec	urities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	8) Derivative Acquired (Disposed (Instr. 3, 4		ed (A) or ed of (D)		6. Date Exercisable and Expiration Date		7. Title and A Securities U Derivative S (Instr. 3 and		nderlying Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code				(D)	Date Exerci		Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Incentive Stock Option (right to buy)	\$9.31	6/23/2004		A		10741			6/23/2 (1		6/23/2014	Comm Stock		10741	\$9.31	10741	D		
Non-Qualified Stock Option (right to buy)	\$9.31	6/23/2004		A		1759			6/23/2 (1		6/23/2014	Comm Stock		1759	\$9.31	1759	D		

### **Explanation of Responses:**

(1) The option will vest and become exercisable upon the optinee's completion of 4 years of service measured from the grant date.

#### **Reporting Owners**

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BURK KIMBERLY								
3560 BASSETT STREET			Director, Human Resources					
SANTA CLARA, CA 95054								

#### **Signatures**

By: Kevin H. Soulsby For: Kimberly Burk

\*\*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.