

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| 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) | | | | | |
|--|---|--|-------------|--|--|--------------------------|------------------------------|------------|--|----------------|--|---|---|--|--|----------------------------------|--------------|
| Hunton Nige | 1 | | | | IN' | TEV | VAC I | NC [IV | /AC | [] | | | | , | 100 | <i>'</i> 0 | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director X Officer (gi | X Director 10% Owner | | | | | |
| 3560 BASSE | TT STRI | EET | | | | | | 1/3 | 1/20 | 23 | | | President and | i CEO | | | |
| | (Stree | et) | | | 4. It | f Am | endmer | nt, Date O | rigin | al File | ed (MM/DI |)/YYY | (Y) 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) |
| SANTA CLARA, CA 95054 (City) (State) (Zip) | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table I | - Non- | Deri | ivativ | ve Secu | rities Ac | quire | ed, Dis | sposed of | f , or 1 | Beneficially Owne | d | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. I | Е | | eemed ition if any | 3. Trans. Code (Instr. 8) | | 4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securit Following Reported (Instr. 3 and 4) | ties Beneficially Owned Transaction(s) | | Ownership Form: | Beneficial Ownership | |
| | | | | | | | | Code | V | Amou | (A) or (D) | Pric | ce | | | (I) (Instr. 4) | (msu. 4) |
| Common Stock 1/31/20 | | | | 1/31/202 | 23 | | A | V | 2500 | <u>1)</u> A | \$4.0 | 95 | 246807 | | D | | |
| | Tabl | le II - Der | ivative S | Securit | ies I | Bene | ficially | Owned (| e.g., | puts, | calls, wa | rran | ts, options, conver | tible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion r Exercise rice of Petrivative Date Execution Date, if any (Instr. 8) Date Execution Date (Instr. 8) Date Execution Date (Instr. 8) Date Execution Date (Instr. 8) D | | | Derivative Securities and Expiration Date Securities | | | | | Secur Deriv | le and Amount of ities Underlying ative Security 3 and 4) | Inderlying Security Security Security Securits Securits Securits Securits Securities Beneficially Owned Following | | 10. Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | C | ode | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) These shares are acquired under the Intevac 2003 Employee Stock Purchase Plan.

Reporting Owners

| Paparting Owner Name / Address | g. | Relationships | | | | | | |
|--------------------------------|----------|---------------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Addres | Director | 10% Owner | Officer | Other | | | | |
| Hunton Nigel | | | | | | | | |
| 3560 BASSETT STREET | X | | President and CEO | | | | | |
| SANTA CLARA, CA 95054 | | | | | | | | |

Signatures

By: Diane Garibaldi For: Nigel Hunton

**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.