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WERTHEIZ	ER GIDEON										
Form 4											
March 05, 20	010										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	MB APPROVAL	
	UNITED	STATES		AITIES AI			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5 obligatior	1 0						•	e Act of 1934,			
may conti				•	•	· ·		1935 or Section	1		
<i>See</i> Instru 1(b).	iction	30(h)	of the In	vestment	Compan	у Ас	t of 194	.0			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person *2. IssuerWERTHEIZER GIDEONSymbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
							(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Chech	k an appricable)	
(Month/D				Day/Year)				Director 10% Owner			
CEVA, INC PLACE, #15	., 2033 GATEW 50	/AY	03/03/20	010				X Officer (give below) Chief E	title Othe below) Executive Offic	er (specify er	
			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line)				
SAN JOSE,	CA 95110							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)									
(City)	(blue)	(Zip)	Tabl	e I - Non-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock (1)	03/03/2010			S	1,297	D	φ 12.49 (2)	0	D		

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Ad	dress	Relationships							
F F	Director	10% Owner	Officer	Other					
WERTHEIZER GIDEON CEVA, INC. 2033 GATEWAY PLACE, SAN JOSE, CA 95110	#150		Chief Executive Officer						
Signatures									
/s/ Gideon Wertheizer	03/05/2010								

<u>**</u>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).
- (1) These shares were acquired under CEVA, Inc. 2002 Employee Stock Purchase Plan on January 31, 2010

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.47 to \$12.52, inclusive. The reporting person undertakes to provide to Ceva, Inc., any security holder of Ceva, Inc., or the staff of the

(2) to \$12.52, inclusive. The reporting person undertakes to provide to Ceva, inc., any security holder of Ceva, inc., of the start of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes to this Form 4.

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.