Edgar Filing: SALESFORCE COM INC - Form 4

SALESFOR	CE COM INC										
Form 4	C										
July 05, 2010									OMB AF	PROVAL	
FORM	14 UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				GES IN I SECUR		ICIA	NERSHIP OF	Expires:January 3Estimated averageburden hours perresponse0.			
Form 5 obligation may cont See Instru 1(b).	Filed J ns Section 1	7(a) of the	Public U		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0		0.5	
(Print or Type I	Responses)										
Roos John Victor Symbol				r Name and Ticker or Trading FORCE COM INC [CRM]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tr			(IVI)	(Checl	k all applicable)	
THE LAND	OMARK @ ON	νE	(Month/D 07/05/2	ay/Year)	ansaction			X Director Officer (give below)		Owner er (specify	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN FRAN	ICISCO, CA 9	4105						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	07/05/2016 <u>(1</u>	<u>)</u>		S	155	D	\$ 79.05	17,695	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 of 2. Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	4. Transa Code (Instr.	8)	5. Number of Derivative Securities Acquired (A) or			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
					Disposed of (D) (Instr. 3,						Trans (Instr
					4, and 5)				Amount		
			Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares		
			Code	v	(A) (D)				Shares		

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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Roos John Victor THE LANDMARK @ ONE MARKET STREET SUITE 300 SAN FRANCISCO, CA 94105	х					
Signatures						
/s/ Scott Siamas, Attorney-in-Fact for John V. Roos	07/0)5/2016				
<u>**</u> Signature of Reporting Person	1	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) Pursuant to a 10b5-1 Plan.

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.