## Edgar Filing: KOPIN CORP - Form 4

KOPIN COR	Р											
Form 4												
April 01, 200	18											
FORM	4					<b></b>			•···- · ··	PPROVAL		
	UNITED	STATES		hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi if no long	or.								Expires:	January 31,		
subject to		MENT O	F CHAN		S IN BENEFICIAL OWNERSHIP O				Estimated average			
Section 10	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5			Castian 1	$(a) = \mathbf{f} \mathbf{i} \mathbf{h}$	. Comit	ing Fr			response	0.5		
obligation	· · ·						-	ge Act of 1934, f 1935 or Section	n			
may conti	nue.		) of the In	•	•				11			
See Instru 1(b).	ction	50(11)	) of the m	vestment	Compan	y 1101	. 01 1 /-	-10				
1(0).												
(Print or Type R	(esponses)											
		_ *										
$\mathbf{D}_{\mathbf{r}} = \mathbf{M}_{\mathbf{r}}^{\mathbf{r}} + \mathbf{r} + 1$				Name and				5. Relationship of Issuer	Relationship of Reporting Person(s) to suer			
Presz Michael			•	Symbol KOPIN CORP [KOPN]				(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction			<b>D</b>	100			
C/O KOPIN	CORPORATIO	ON 200	(Month/D 03/28/20	•				Director X Officer (give		b Owner er (specify		
	COCK ROAD	511, 200	03/28/20	008				below)	below)	· · ·		
••••••									r Vice Presider			
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filec				th/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person				
TAUNTON	MA 02780-733	31						•	Iore than One Re			
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Table	e I - Non-D				quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da			3. Transcati			-	5. Amount of	6. Ownership	7. Nature of Indirect		
Security (Instr. 3)	(Month/Day/Year	any	on Date, if	Transaction(A) or Disposed of Code (D)				Securities Beneficially	Form: Direct (D) or	Beneficial		
(,		/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned	Indirect (I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				coue v	mount	$(\mathbf{D})$	\$					

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Presz Michael C/O KOPIN CORPORATION 200 JOHN HANCOCK ROAD TAUNTON, MA 02780-7331			Senior Vice President					
Signatures								
/s/ John Concannon, as attorney in fact		04/01/2008						
<b>**</b> 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) The reporting person surrendered a portion of vested shares that were subject to a restricted stock purchase agreement as payment of withholding taxes due as a result of vesting of restricted stock.
- (2) On December 28, 2007, the balance of shares owned by this person was incorrectly reported by 2,531 shares.

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.