

# **VEECO INSTRUMENTS INC**

# Reported by MILLER WILLIAM JOHN

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 06/12/13 for the Period Ending 06/10/13

Address TERMINAL DRIVE

PLAINVIEW, NY 11803

Telephone 516 677-0200

CIK 0000103145

Symbol VECO

SIC Code 3559 - Special Industry Machinery, Not Elsewhere Classified

Industry Semiconductors

Sector Technology

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

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)				
Miller Williaı	n John					CO IN	STRU	Μ	IENT	<b>S</b> 1	INC		Ì	11	16)		
				[ VECO ]							Directe	Director 10% Owner			wner		
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)			r (specify		
VEECO INSTRUMENTS					6/10/2013								EVP Proc	cess Equi	pment		
INC., TERM	INAL D	RIV	E														
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
PLAINVIEW	. NY 11	803															
(City) (State) (Zip)											_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Nor	-Der	ivativ	e Securi	ties Acq	ιui	ired, Di	sp	osed of	f, or B	Beneficially	y Owned			
			2. T Dat	Γrans. te	2A. Deemed Execution Date, if			4. Securitie Acquired ( Disposed of (Instr. 3, 4		(A) or Foll (Inst		mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)		Ownership Form: Direct (D)	Beneficial Ownership		
						any	Code	v	Amount	(A) or (D)						or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 6/				6/1	10/2013		F		1065 (1)	D	\$39.99		40838		D		
Common Stock 6/				6/1	1/2013		F		1096 (1)	D	\$40.24		39742			D	
Tab	ole II - De	rivati	ve Securi	ties E	Benefi	cially O	wned ( e	2.0	puts	ca	alls, wa	arrant	ts, options	. convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. 4. Deemed Execution Date, if any	1. Γrans. Code	5. Nu Deriv Secur Acqui Dispo	mber of ative	6. Date Exercisable and Expiration Date			7. Si D (I	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		tof 8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative	Beneficial	
				Code	(A)	(D)	Date Exercisable Date Title Amount of Shares			number of	(s) (Instr. 4)		<i>'</i>				

#### **Explanation of Responses:**

(1) Represents securities surrendered to Veeco to satisfy tax withholding obligations due upon the vesting of restricted stock.

Reporting Owners

Reporting Owners									
Demosting Oversas Name / Adduses	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Miller William John									
VEECO INSTRUMENTS INC.									
			EVP Process Equipment						
TERMINAL DRIVE									
PLAINVIEW, NY 11803									

#### **Signatures**

Gregory A. Robbins, Attorney-in-fact

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.

<sup>\*\*</sup> Signature of Reporting Person