INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> HALIFAX IAN R			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol WIND RIVER SYSTEMS INC [WIND]					
(Last)	(First)	(Middle)	02/26/2007	4. Relationsh Person(s) to l	ip of Reporting	5. If Amendment, Date Original Filed(Month/Day/Year)				
C/O 500 WI	ND RIVE	R WAY					· · ·			
(Street)				(Check	all applicable	6. Individual or Joint/Group				
ALAMEDA,	CA 94	4501		Sr. VP, Fin		low)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I	- Non-Deriva	tive Securit	ies Be	neficially Owned			
1.Title of Secur (Instr. 4)	ity			tt of Securities Ily Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•			
No securities	are benef	icially owne	ed. 0		D	Â				
Reminder: Repo owned directly o			ch class of securities bene	ficially	SEC 1473 (7-02	2)				
	inforn requir	nation conta red to respor	oond to the collection ined in this form are r nd unless the form dis IB control number.	not						

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HALIFAX IAN R C/O 500 WIND RIVER WAY ALAMEDA, CA 94501	Â	Â	Sr. VP, Fin & Admin and CFO	Secretary			
Signatures							
/s/ Ian R. Halifax 03/0	6/2007						
^{**} Signature of I Reporting Person	Date						
Explanation of Re	enon	606.					

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.