HAGOPIAN B KIPLING

Form 4

November 16, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

if no longer

Check this box

January 31, Expires: 2005

OMB APPROVAL

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

See Instruction 1(b).

(Print or Type Responses)

Stock

1. Name and Address of Reporting Person *

HAGOPIAN B KIPLING		Symbol MAXIM INTEGRATED PRODUCTS INC [MXIM]					Issuer (Check all applicable)					
(Last) (First) (Middle) 160 RIO ROBLES			3. Date of Earliest Transaction (Month/Day/Year) 11/14/2012					_X Director 10% Owner Officer (give title below) Other (specify below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN JOSE, CA 95134 (City) (State) (Zip)								Person				
	(City)	(State)	Tabl	Table I - Non-Derivative Securities Acquired, Disposed of						f, or Beneficially Owned		
	1.Title of Security (Instr. 3)	2. Transaction D. (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)		(A) o l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Stock	11/14/2012			A	3,200 (1)	A	\$0	18,400 (2)	D		
	Common Stock								2,000	I	By Family Foundation	
	Common								62 360	ī	Ry Trust	

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

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62,360

By Trust

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number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 27.88	11/14/2012		A	12,300	(3)	11/14/2019	Common Stock	12,3

Reporting Owners

Reporting Owner Name / Address	Relationships						
Toporous o water runte / runte oso	Director	10% Owner	Officer Other				
HAGOPIAN B KIPLING 160 RIO ROBLES	X						
SAN JOSE, CA 95134							

Signatures

BY MARK CASPER FOR B.KIPLING HAGOPIAN

11/16/2012

**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) Represents 3,200 Restricted Stock Units that vest quarterly in 2013 with the first vesting on 02/15/2013, subject to the individual's status as a Director through such dates.
- (2) Represents unvested Restricted Stock Units and Common Stock.
- (3) Represents 12,300 Nonqualified stock options with 2000 vesting quarterly in 2013 and 10,300 vesting quarterly in 2016 with the first vesting on 02/15/2016, subject to the individual's status as a Director through such dates.

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.

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