## Edgar Filing: SALESFORCE COM INC - Form 4

SALESFOR	CE COM INC												
Form 4													
March 01, 20													
FORM		CTATE	SECUD	TTIES			<b>TT A R</b>		COMMISSION	r	PPROVAL		
		SIAIE				ND EAC D.C. 205		NGE		OMB Number:	3235-0287		
Check thi				8	, -					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANC				GES IN	N B	ENEFI	CIA	LOW	<b>NERSHIP OF</b>	·	2005		
Section 16. SEC					ECURITIES					Estimated a burden hou	0		
	Form 4 or								response	•			
Form 5 obligation	<b>^</b>							-	ge Act of 1934,				
may conti				•		•	• •		f 1935 or Sectio	n			
See Instru	ction	30(h)	) of the Inv	vestmer	nt C	Company	y Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to				
Roos John Victor Symbol									Issuer				
				ALESFORCE COM INC [CRM]					(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of Earliest Transaction					(enec	in un uppriouon	-)			
				onth/Day/Year)					_X_ Director 10% Owner				
	MARK @ ONE	•••	03/01/20	016					Officer (give below)	title Other (specify below)			
MARKETS	TREET, SUITE	300							,	,			
(Street) 4. If				. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(1				led(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
SAN EPAN	CISCO, CA 941	05							Form filed by N				
SANTKAN	CI5CO, CA 741	05							Person				
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year		Execution Date, if			nAcquired			Securities	Form: Direct	Indirect		
(Instr. 3)		-	any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	· · ·	Beneficial Ownership		
					(			- /	Following		(Instr. 4)		
							(A)		Reported				
				<b>a</b> .			or	D :	Transaction(s) (Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price					
Stock	03/01/2016(1)			S		263	D	\$ 68	18,934	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.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration E	Date	Amo	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secu	rities	(Instr. 5)	Bene
	Derivative		•		Securities	5		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Noushau		
						Exercisable	Date	Title			
				Code V	$(\Lambda)$ (D)				of Shores		
				Code V	(A) (D)				Shares		
Dono	rtina O	wpore									

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## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Othe		
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	03/0	)1/2016				
<u>**</u> Signature of Reporting Person	I	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.