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SALESFOR	CE COM INC												
Form 4													
January 19, 2	2017												
FORM	14		GODOUD							OMB AF	PROVAL		
	UNITE	DSTATE		shingtor				NGE C	OMMISSION	OMB Number:	3235-0287		
Check the										Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN					NERSHIP OF	Estimated a	2005 average		
Section 1				SECU	Rľ	TIES				burden hour	•		
Form 4 o										response	. 0.5		
Form 5 obligation								•	e Act of 1934,				
may cont				•		•	· ·		1935 or Section	1			
See Instru	uction	30(h) of the In	vestmen	nt C	Compan	y Ac	t of 194	0				
1(b).													
(Print or Type F	Responses)												
				r Name and Ticker or Trading					5. Relationship of	on(s) to			
Roos John Victor Symbol SALES			Issuer										
			FORCE COM INC [CRM]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest	Trar	isaction			(F F	,		
			(Month/D	-					_X_ Director		Owner		
	MARK @ ON		01/19/2	017					Officer (give t below)	below)	er (specify		
MARKETS	STREET, SUIT	E 300							,	,			
	(Street)		4. If Ame	ndment, I	Date	Original	l		6. Individual or Jo	int/Group Filin	g(Check		
Filed(Mon				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
		4105							Form filed by O				
SAN FRAN	CISCO, CA 94	+105							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-	-De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. De	emed	3.		4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Yea		on Date, if			(A) or Di	•		Securities	Form: Direct			
(Instr. 3)			any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(iviointi			(1150. 0)				Following	· · · ·	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s)				
				Code V	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	01/19/2017			S <u>(1)</u>		144	D	\$ 75.65	17,924	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 Derivative Security (Instr. 3)		2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. ctiorNumb of 3) Deriva Securi Acqui (A) or Dispo	ative ities ired			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
					of (D))						(Instr
					(Instr. 4, and	· ·						
				Code	V (A) (Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
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	01/1	19/2017					
<u>**</u> Signature of Reporting Person	1	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.