Edgar Filing: Roos John Victor - Form 4

| Roos John V Form 4 | ictor | | | | | | | | | |
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| May 18, 2018 FORM 4 Image: Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| Roos John Victor Syr | | | 2. Issuer Name and Ticker or Trading ymbol ALESFORCE COM INC [CRM] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (| | | 3. Date of Earliest Transaction(Month/Day/Year)05/17/2018 | | | | (Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below) | | | |
| | | | nendment, Da ionth/Day/Yea | - | ıl | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| SAN FRAN | CISCO, CA 941 | 05 | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) Ta | ble I - Non-I | Derivative | Secur | ities Acqu | uired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code | 4. Securi on(A) or Di (Instr. 3, Amount | sposed | d 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 | 05/17/2018 | | S <u>(1)</u> | 143 | D | \$ 129.32 | 13,553 | 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)

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| 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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | Expiration D (Month/Day/ e | ate Exercisable and iration Date nth/Day/Year) | | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|-------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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 | X | | | | | |
| Signatures | | | | | | |
| /s/ Scott Siamas, Attorney-in-Fact for John V. Roos | 05/18/2018 | | | | | |
| **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) 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.