Edgar Filing: SALESFORCE COM INC - Form 4

SALESFOR	CE COM INC											
Form 4												
June 28, 201	6											
FORM	14								OMB AF	PROVAL		
	UNIL	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN								Expires:	January 31,			
				GES IN BENEFICIAL OWNERSHIP O					Estimated average			
0	Section 16. SECURITIES								burden hours per			
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	vestment	Compan	y Ac	t of 194	10				
1(b).												
(Print or Type I	Responses)											
× 51	1 /											
1. Name and A	ddress of Reportin	ng Person <u>*</u>	2. Issuer	r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
TOMLINSON LAWRENCE Symbol				-				Issuer				
			SALES	ALESFORCE COM INC [CRM]				(Check all applicable)				
(Last)	(First)	(Middle) 3. Date of Earliest Transaction				(Check all applicable)						
			(Month/E	Month/Day/Year)				X Director 10% Owner				
			06/28/2	/28/2016				Officer (give below)	title Other (specify below)			
MARKET S	STREET, SUIT	Ъ 300 E						Delow)	Delow)			
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check		
Filed(M			Filed(Mor	led(Month/Day/Year)				Applicable Line)				
								X Form filed by C Form filed by M				
SAN FRAN	CISCO, CA 94	4105						Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Yea		on Date, if	Transactio		•		Securities	Form: Direct	Indirect Beneficial		
(Instr. 3)	any (Mont		Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)			Beneficially Owned	(D) or Indirect (I)	Ownership				
		X						Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insure und I)				
Common Stock	06/28/2016(1)			S	1,600	D	\$ 77.55	31,829	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TOMLINSON LAWRENCE THE LANDMARK @ ONE MARKET STREET SUITE 300 SAN FRANCISCO, CA 94105	X					
Signatures						
/s/ Scott Siamas, Attorney-in-Fact for Lawrence Tomlinson	06/28/2016					
**Signature of Reporting Person		D	ate			

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.