FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| SECU | KH | IEO | AINL | <i>,</i> | CHA | NGE | CU | IVIIVII S | SIL | ノハ |
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OMB APPROVAL

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

Filed pursuant to Section 16(a) of the Sec or Section 30(h) of the Investment Company Act of 1940

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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number: | 3235-0287 |
| Estimated avera | age burden |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | onse: 0.5 |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

| Name and Address of Reporting Person* Schmidt James F | | | | | | 2. Issuer Name and Ticker or Trading Symbol VICOR CORP [vicr] | | | | | | | | (CI | neck a | all application | cable) or | 10% Owner | | vner |
|---|---------|------------------|------------|---|-------------------|---|---|--------|--|---|-------|--|--|---------|---|---|---|---------------|--|---|
| (Last) (First) (Middle) 25 FRONTAGE RD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2025 | | | | | | | | | | | | | Other (s below) Secretary | specify |
| (Street) ANDOVER MA 01810 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curitie | es Ac | cquire | ed, [| Disp | osed o | of, or Be | neficia | lly O | wned | t | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | | | action Day/Yea | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | Dispose | ities Acqui d Of (D) (In | | or 5. Amou Securitie Benefici Owned I | | es ally Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Co | ode | v | Amount | (A) c | Price | т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common | Stock | | | | | | | | | | | | | | 875 | | | D | | |
| | | Т | able II - | | | | | | | | | | , or Ber ble sec | | y Ow | vned | | , | · | |
| 1. Title of Derivative Security (Instr. 3) 1. Transaction Date (Month/Day/Year) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 6 Date (Month/Day/Year) 7 (Month/Day/Year) | | Execution if any | Date, | 4. Fransaction Code (Instr. 3) | | n of l | | Expira | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Deri | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirec Beneficial Ownershi (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exerci | isable | | piration ate | Title | Amount or Number of Shares | | | | | | | | |
| Non Qualified Stock Option | \$48.38 | 01/16/2025 | | | A | | 500 | | (1 | 1) | 01 | /16/2028 | Common Stock | 500 | | \$0 | 500 | | D | |

Explanation of Responses:

1. Granted under the Companys Amended and Restated 2000 Stock Option and Incentive Plan on January 16, 2025 and vest over a (1) one year period.

/s/Quentin Fendelet Attorney in 01/17/2025 Fact for James F. Schmidt

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.