FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>CARLSON JASON</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol VICOR CORP [VICR] | | | | | | | (Ch | Relationsh eck all ap Dire | , | g Pers | son(s) to Iss | | |
|--|---|------------|-------------|------------------|---|--|---------|----------|---|--|-------------------|--|--|--|----------------------|-----------------------------------|--|---------------------------------------|
| (Last) | (Fi | rst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2024 | | | | | | | | Offic belo | er (give title v) | | Other (s below) | pecify |
| 25 FRONTAGE ROAD | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ANDOVER MA 01810 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Rι | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curitie | s Ac | quired, C | isp | osed c | of, or Be | neficia | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code (In | Transaction Disposed Of (D) Code (Instr. 5) | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | ount of ties cially I Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | IIIsu. 4) | |
| 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) | erivative Conversion Date Executity or Exercise (Month/Day/Year) if a | | if any | ecution Date, Ti | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | piration | Title | Amount or Number of Shares | | | | | |
| Non Qualified Stock Option | \$32.89 | 06/21/2024 | | | A | | 6,081 | | (1) | 06 | /21/2034 | Common Stock | 6,081 | \$0 | 6,081 | | D | |

Explanation of Responses:

1. Granted under the Companys Amended and Restated 2000 Stock Option and Incentive Plan on June 21, 2024 and vest over a five year period.

/s/Quentin A. Fendelet

Attorney in fact for Jason 06/24/2024

Carlson

** 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.