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 burden | | | | | | | | | |
| 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* GENDRON ROBERT | | | | | 2. Issuer Name and Ticker or Trading Symbol VICOR CORP [vicr] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|--|------------------|---|--|--------|-------------------------------------|--|--------------------------------|--|----------------------------------|---|---|--|--|--|---------------------------------------|--------|
| (Last) | (Fi | rst) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024 | | | | | | | | X Officer (give title Other (below) Corp. VP - Marketing | | | | | pecify |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ANDOV | NDOVER MA 01810 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | Ru | 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 | uritie | s Ac | quired, | Dis | osed o | of, or Be | nefici | ally | Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (| Transaction Dispose Code (Instr. 5) | | rities Acquir d Of (D) (Ins | | and Securiti Benefic Owned | | es Feially (E Following (I | Form (D) or | Ownership orm: Direct 0) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | unt (A) or (D) | |) | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | |
| Common Stock | | | | | | 5,374 | | 374 | | D | | | | | | | | | |
| 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) | 3A. Deemed Execution Dat if any (Month/Day/Yo | ate, Transaction | | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | S (I | . Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amour or Number of Shares | r | | | | | |
| Non Qualified Stock | \$32.97 | 05/10/2024 | | | A | | 4,082 | | (1) | | (2) | Common Stock | 4,082 | | \$0 | 4,082 | | D | |

Explanation of Responses:

- 1. Granted under the Companys Amended and Restated 2000 Stock Option and Incentive Plan on May 10, 2024 and vest over a five year period.
- 2. Options expire 2 years from each vesting date.

/s/Quentin A Fendelet Attorney 05/13/2024 in fact for Robert Gendron

** 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.