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							
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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*				2. Issuer Name and Ticker or Trading Symbol VICOR CORP [vicr]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
EICHTEN ESTIA J					Transfer (via))	Director	•	10% O	wner	
(Last) 25 FROM	(F NTAGE RO	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2013						Officer (below)	(give title	Other (below)	specify	
					4. If Ar	nendment,	Date of	f Original File	ed (Month/Da	y/Year)			oint/Group F	iling (Check Ap	plicable
(Street) ANDOV	ER M	IA	01810								Line	Form fil	,	Reporting Perso	
(City)	(S	state)	(Zip)									Person			
		Ta	ble I - Non-	-Deriva	tive S	Securitie	s Ac	quired, D	isposed o	f, or Ben	eficially	/ Owned			
Date		2. Transac Date (Month/Da	Execution Date,		3. Transacti Code (Ins	on Disposed	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 s		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)		
			Table II - D						posed of, convertil			Owned			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, r) if any		ransaction code (Instr.) 5. Numbrousies Derivativ Securities Acquired or Dispo of (D) (In 4 and 5)		rative Expiration Date (Month/Day/Year) Exposed (Instr. 3,		of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction((Instr. 4)	s)	
Non Qualified Stock Option	\$11.7	06/17/2013		D			4,274	(1)	06/24/2013	Common Stock	4,274	(5)	11,421	D	
Non Qualified Stock Option	\$15.64	06/17/2013		D			3,197	(2)	06/23/2014	Common Stock	3,197	(5)	8,224	D	
Non Qualified Stock Option	\$6.08	06/17/2013		D			8,224	(3)	06/21/2015	Common Stock	8,224	(5)	0	D	
Non Qualified Stock	\$6.29	06/17/2013		A		15,695		(4)	06/17/2023	Common Stock	15,695	(5)	15,695	D	

Explanation of Responses:

- 1. Granted 6/24/2010 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan and vest over a two year period.
- 2. Granted 6/23/2011 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan and vest over a two year period.
- 3. Granted 6/21/2012 under the Company's Amended and Restated 2000 Stock Option and Incentive Plan and vest over a two year period.
- 4. The replacement options vest over a five year period in equal installments.
- 5. On 6/17/2013, the issuer canceled, pursuant to the issuer's option exchange offer, options granted to the reporting person. In exchange the reporting person received replacement options with a \$6.29 exercise price

/s/Kemble D. Morrison

Attorney in Fact for Estia J. 06/19/2013 **Eichten**

** 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.