FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | PROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

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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 | on 30(h |) of the | Ínve | estment | Con | npany Act | of 19 | 40 | | | | | | | | |
|---|---|--|---|---------|------------------------------|--|---------|----------|---------------------------------|--|------|-------------------|---|-----------------------------------|--|---|---|--|---|--|--|--|
| 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) | | | | | | |
| KELLEHER BARRY | | | | | | [110] | | | | | | | | | | X | Directo | or | | 10% O | wner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | X | X Officer (give title below) Other (spr below) SVP Global Operations | | | | specify | |
| 25 FRONTAGE ROAD | | | | | | | | | | | | | | | | | | VF GIODA | п Ор | erauons | | |
| (Street) | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| ANDOV | ER M | A | 01810 | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curiti | es Ac | qui | ired, I | Disp | osed (| of, o | r Bei | neficia | ally | Owned | t | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (Ir 8) | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | ico Tra | | ported ansaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02 | | | | | 7/2006 | /2006 | | | | M | | 322 | | A | \$14 | \$14.88 | | 872 | | D | | |
| Common Stock 02/17 | | | | | 7/2006 | 2006 | | | | S | | 322 D \$ | | \$19 | .15 | 550 | | | D | | | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if if any (Month/Day | Date, | 4. Transa Code (8) | | n of | | Expi | ate Exei iration I nth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Security | De Se | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | |
| Non Qualified Stock | \$14.88 | 02/17/2006 | | | М | | | 322 | | (1) | 03 | 3/04/2006 | Com Sto | | 322 | | \$0 | 0 | | D | | |

Explanation of Responses:

1. Granted under the Company's 1993 Stock Option Plan and vests over a 5 year period.

Barry Kelleher 02/22/2006

** 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.