| SEC I | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burg | den | | | | | | |
| hours per response. | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* <u>RIDDIFORD DAVID T</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>VICOR CORP</u> [vicr] | (Check | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|-------|--|----------|---|-----------------------|--|--|--|--|
| | | | | X | Director | 10% Owner | | | | |
| (Last) (First) (Middle) 25 FRONTAGE ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2012 | | Officer (give title below) | Other (specify below) | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | vidual or Joint/Group Fili | ng (Check Applicable | | | | |
| (Street) | | | | Line) | | | | | | |
| ANDOVER MA 01810 | | 01810 | | X | Form filed by One Reporting Person | | | | | |
| | | | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| Fitle of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | 7. Nature of Indirect Beneficial Ownership |
|------------------------------|--|--------|------|---|---|---------------|-------|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (Instr. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 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 Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non Qualified Stock Option | \$6.08 | 06/21/2012 | | A | | 8,224 | | (1) | 06/21/2015 | Common Stock | 8,224 | \$0 | 8,224 | D | |

Explanation of Responses:

1. Granted Under the Company's Amended and Restated 2000 Stock Option and Incentive Plan and vest over a two year period.

| /s/Kemb | le D. Morrison |
|----------|----------------------|
| Attorney | in fact for David T. |

Riddiford

06/22/2012

** 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.