SEC Form 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

> 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 A Shen Zher	2. Date of E Requiring S (Month/Day 06/24/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>VICOR CORP</u> [vicr]							
(Last) 25 FRONTA (Street) ANDOVER (City)		(Middle) 01810 (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	g Person(s) to 10% Owner Other (specify below)		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Conversion or Exercia	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiratior Date	Title		Amount or Number of Shares	Price of Derivative Security	e Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/Ouentin A. Fendelet

Attorney in fact for Zheng 04/14/2023 John Shen ** Signature of Reporting Date Person

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 5 (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.

FORM 3

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