FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours por rospons	٥. ٥.								

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

Name and Address of Reporting Person*     Schmidt James F					2. Issuer Name <b>and</b> Ticker or Trading Symbol VICOR CORP [ vicr ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)      Printed Person (S) to Issuer (Check all applicable)      Printed Person (S) to Issuer (Check all applicable)							
Semmer semes 1															X Direct			10% Ov	- 1		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X Office below	r (give title )		Other (s below)	pecity			
					06/2	06/23/2023									CFO, Treasurer, Secretary						
25 FRONTAGE RD.					<u> </u>																
-					4. If A	Amer	ndment,	Date	of Original F	iled	(Month/D	Day/Year)		6. Ir		Joint/Group	Filin	g (Check Ap	plicable		
(Street)	TED M	- A	01010												,	filed by One	Repo	ortina Perso	n I		
ANDOV	ER M	Α	01810													filed by Mor		•			
															Perso						
(City) (State) (Zip)			Bul	Dulo 10hE 1(a) Transaction Indication																	
					I'Vui	Rule 10b5-1(c) Transaction Indication															
					$\Pi$	Check	k this box	k to inc	licate that a t	ansa	ction was	made pur	suant	to a cor	tract, instruc	tion or writter	n plan	that is intend	ed to		
					<b>│</b> □ ⁵	satisfy	the affir	rmative	e defense cor	ditior	ns of Rule	10b5-1(c)	. See	Instruct	on 10.						
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	s Ac	quired, [	Disp	osed (	of, or E	Bene	eficial	ly Owne	d					
1. Title of	Security (Ins	tr. 3)		2. Transa	action												7. Nature				
Date (Month/Dat				Day/Year		xecution any	Date,	Transaction Code (Instr.		Dispose 5)	ed Of (D) (Instr. 3, 4		. 3, 4 an	d Securit Benefic				of Indirect Beneficial			
(*********						(Month/Day/Y						<u> </u>			Owned	d Following (I)		Instr. 4)	Ownership (Instr. 4)		
								Code	v	Amoun	t (A) or		Price	Transac	ction(s)		l'	su. 4)			
						+				(Instr. 3 and 4		and 4)									
Common Stock														875			D				
		T:	able II - C	)erivat	ive Se	PCII	rities	Δca	uired, Di	sno	sed of	or Be	nef	icially	Owned	•					
		.,							, options						Ownea						
1. Title of	2.	3. Transaction	3A. Deeme		4.					_					8. Price of	9. Number	of	10.	11 Noturo		
Derivative	Conversion Date Executio			Date,	Transac				6. Date Exercisable and F. Title at Expiration Date Amount			of		Derivative derivative		Ownership	Ownership				
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day		Code (Instr. 8)		r. Derivative Securities		(Month/Day	Year	)	Securities Underlying			Security (Instr. 5)	Securities Beneficially	, I	Form: Direct (D)	Beneficial Ownership		
( 22 3,	Derivative		,,	•	,		red	Derivative Se (Instr. 3 and 4					,,	Owned Following	´	or Indirect (I) (Instr. 4)	(Instr. 4)				
Security							(A) or Dispos	sed				(111511. 3	anu -	*			Reported				
						of (D) (Instr. 3, 4										Transaction(s) (Instr. 4)	n(s)				
							and 5)									, ,					
								Ш					Ai	mount							
								Ш				l	N	umber							
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	of SI	hares							
Non Ovalified												Corre									
Qualified Stock Option	\$53.07	06/23/2023			A		3,769		(1)	06	/23/2033	Stock	"   3	,769	<b>\$0</b>	3,769		D			

## Explanation of Responses:

1. Granted under the Companys Amended and Restated 2000 Stock Option and Incentive Plan on June 23, 2023 and vest over a five year period.

/s/Quentin Fendelet Attorney in Fact for James F. Schmidt \*\* Signature of Reporting Person

Date

06/26/2023

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.