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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>ANDERSON SAMUEL J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol VICOR CORP [vicr] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---|--|--|-------|--|---|---|-------|----------|----------------------------------|----------|---------------------------|---|-------------|--|---|--|----------------|--|--|
| (Last) (First) (Middle) 25 FRONTAGE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2011 | | | | | | | | | | | r (give title | | Other (s below) | |
| (Street) ANDOVER MA 01810 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | • | (Zip) | | | . 0- | | | | | <u> </u> | | | D | -6:-:-1 | h. O | -1 | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/D. | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (I 8) | ction | 4. Secur Dispose 5) | ities Ac | quired | d (A) or | 5. Amou Securiti Benefic Owned | int of es ially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 05/20/ | | | | | | | 2011 | | | M | | 3,624 | | A | \$6.9 | 10 | ,871 | D | | |
| Common Stock 05/20/ | | | | | | 1 | | | | М | | 5,00 | 0 | A | \$10 | 15 | 15,871 | | D | |
| | | 7 | able II - | | | | | | | | | sed of onverti | | | | Owned | | | | |
| 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 any (Month/Day | Date, | 4. Transaction Code (Instr 8) | | n of l | | | Date Exe piration onth/Day | Date | | d 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Da Ex | ite ercisable | | piration ate | | | Amount or Number of Shares | | | | | |
| Non Qualified Stock Option | \$6.9 | 05/20/2011 | | | М | | | 3,624 | | (1) | 06 | 5/25/2012 | Comn | | 3,624 | \$0 | 3,623 | 3 | D | |
| Non Qualified Stock | \$10 | 05/20/2011 | | | M | | | 5,000 | | (1) | 06 | 5/26/2011 | Comn | | 5,000 | \$0 | 0 | | 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/Kemble D. Morrison

Attorney in Fact for Samuel J. 05/23/2011

Anderson

** 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.