FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D. | C. 20549 |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* GENDRON ROBERT | | | | | | 2. Issuer Name and Ticker or Trading Symbol VICOR CORP [vicr] | | | | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ov V Officer (give title Other (s | | | | vner | | |
|--|--|--|--|----------|------------------------------|--|--|------------------------|--|--|--------------------|--|--|--|---|---|--|---|--|--|
| (Last) 25 FRON | (Fi | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024 | | | | | | | | | Officer (give title below) Corp. VP - M | | below) | specify | | |
| (Street) ANDOVER MA 01810 | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | vative | Sec | uriti | ies Ac | quirec | l, Di | sposed o | of, or Be | neficial | ly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Exe if ar | A. Deemed xecution Date, any //onth/Day/Year) | | Transaction Disposed C | | es Acquired (A) or Of (D) (Instr. 3, 4 ar | |) Secur Benef | icially d Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 03/08/2 | | | | /2024 | 2024 | | | | | 2,000 | A | \$31.33 | 3 | 7,374 | | D | | | | |
| Common Stock 03/08/20 | | | | /2024 | 2024 | | | | | 2,000 | D | \$36.82 | 55 | 5,374 | | D | | | | |
| | 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 o Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Non Qualified Stock Option | \$31.33 | 03/08/2024 | | | M | | | 2,000 | (1) | | 04/01/2024 | Common Stock | 2,000 | \$0 | 0 | | D | | | |

Explanation of Responses:

1. This stock option is exercisable in full.

/s/Quentin A. Fendelet
Attorney in fact for Robert 03/11/2024
Gendron 03/11/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).