The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

4.00

Estimated average

burden

hours per

response:

1. Issuer's Identity

CIK (Filer ID Number)

Previous X None **Names**

Entity Type

0000751978

VICOR CORP

Name of Issuer

X Corporation

Limited Partnership

Jurisdiction of

Limited Liability Company

Incorporation/Organization

General Partnership **Business Trust**

Other (Specify)

DELAWARE

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Name of Issuer

2. Principal Place of Business and Contact Information

VICOR CORP

Street Address 1

Street Address 2

25 FRONTAGE ROAD

City

State/Province/Country

Patrizio

ZIP/PostalCode

Phone Number of Issuer

ANDOVER

Vinciarelli

MASSACHUSETTS

01810

(978) 470-2900

3. Related Persons

Last Name

First Name

Middle Name

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

ZIP/PostalCode

Andover

MASSACHUSETTS

01810-5413

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

Simms

A.

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

ZIP/PostalCode

Andover

MASSACHUSETTS

James

01810-5413

Clarification of Response (if Necessary):

Relationship: X Executive Officer X Director Promoter

Last Name First Name Middle Name Tuozzolo Claudio **Street Address 1 Street Address 2** 25 Frontage Road **State/Province/Country** ZIP/PostalCode City Andover **MASSACHUSETTS** 01810-5413 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Jeffery Jr. Joseph A. **Street Address 1 Street Address 2** 25 Frontage Road City State/Province/Country ZIP/PostalCode Andover **MASSACHUSETTS** 01810-5413 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Richard J. Nagel, Jr. **Street Address 1** Street Address 2 25 Frontage Road **State/Province/Country** ZIP/PostalCode City **MASSACHUSETTS** 01810-5413 Andover **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** K. Kelleher **Barry Street Address 1 Street Address 2**

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Anderson Samuel J.

Street Address 1 Street Address 2

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Griffin Liam K.

Street Address 1 Street Address 2

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Eichten Estia J.

Street Address 1 Street Address 2

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Carlson Jason L.

Street Address 1 Street Address 2

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Henderson H. Allen

Street Address 1 Street Address 2

c/o Vicor Corporation 25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Crilly Sean

Street Address 1 Street Address 2

25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Davies Philip D.

Street Address 1 Street Address 2

25 Frontage Road

City State/Province/Country ZIP/PostalCode

Andover MASSACHUSETTS 01810-5413

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Gendron Robert

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

MASSACHUSETTS

ZIP/PostalCode 01810-5413

Andover

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

Grava

Nancy

L.

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

ZIP/PostalCode

Andover

MASSACHUSETTS

Alex

01810-5413

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

Gusinov

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

ZIP/PostalCode

Andover

MASSACHUSETTS

01810-5413

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

McNamara

Michael

S.

Street Address 1

Street Address 2

25 Frontage Road

City

State/Province/Country

ZIP/PostalCode

Andover

MASSACHUSETTS

01810-5413

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture

Health Care

Retailing

Banking & Financial Services

Biotechnology

Restaurants

Commercial Banking

Health Insurance

Technology

Insurance Investing

Hospitals & Physicians

Computers

Investment Banking

Pharmaceuticals

Telecommunications

Is the issuer registered as

Other Health Care Manufacturing

X Other Technology Travel

an investment company under

Real Estate

the Investment Company

Commercial

Airlines & Airports

Tourism & Travel Services

Act of 1940?

Pooled Investment Fund

Lodging & Conventions

Yes No Other Banking & Financial Services

REITS & Finance

Construction

Residential

Other Travel

Business Services

Energy

Other

Other Real Estate

Coal Mining

Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
X Over \$100,000,000		Over \$100,000,000
Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Investment Company Act Section 3(c)		
Section 3(c)(1)	Section 3(c)(9)	
Section 3(c)(2)	Section 3(c)(10)	
Section 3(c)(3)	Section 3(c)(11)	
Section 3(c)(4)	Section 3(c)(12)	
	Section 3(c)(13)	
```	Section 3(c)(14)	
	5cction 5(c)(14)	
	Section 3(c)(1) Section 3(c)(2)	

## 7. Type of Filing

X New Notice Date of First Sale 2018-05-30 First Sale Yet to Occur Amendment

# 8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

## 9. Type(s) of Securities Offered (select all that apply)

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

# 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?

## Clarification of Response (if Necessary):

#### 11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

#### 12. Sales Compensation

Recipient CRD Number X None

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States

All States Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$1,343,125 USD or Indefinite

Total Amount Sold \$1,343,125 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

#### 14. Investors

X Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

29

31

#### 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate
Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

#### 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action,

administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
VICOR CORP	James A. Simms	James A. Simms	Chief Financial Officer	2018-06-13

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.