Edgar Filing: HILL RICHARD - Form 4

| Form 4 April 01, 200 | | | | | | | | | | | |
|---|---|--|--|--|---|---|--|--|---|---|--|
| FORM | 14 | | | | | | | | PPROVAL | | |
| | UNITED | STATES S | | RITIES A shington | | | E COMMISSIO | N OMB Number: | 3235-0287 | 7 | |
| 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 OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | Estimated burden hou response | Estimated average burden hours per response 0.5 | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> HILL RICHARD | | | 2. Issuer Name and Ticker or Trading Symbol LSI CORP [NYSE:LSI] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | (First) (I | Middle) | 3. Date o | of Earliest T | ransaction | 1 | (Ch | heck all applicable) | | | |
| C/O LSI CORPORATION, 1621 BARBER LANE | | | (Month/Day/Year) 04/01/2009 | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | | |
| MILPITAS | | 4. If Amendment, Date 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 | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivativ | e Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution E any (Month/Day | Date, if | 3. Transactio Code (Instr. 8) Code V | Dispose (Instr. 3) | d (A) or d of (D) 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Coue v | Amount | (D) Flice | | | | | |
| Reminder: Rep | oort on a separate line | e for each clas | ss of secu | urities bene | • | • | • | | | | |
| | | | | | infor requ | mation con ired to resp | spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |

number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Y | Year) (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|--|------------------------------------|-----------------------|------------------|--|---------------------|--------------------|-----------------|-------------------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Director Stock Option (right to buy) | \$ 3.29 | 04/01/2009 <u>(1)</u> | А | 30,000 | 10/01/2009 | 04/01/2016 | Common Stock | 30,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| HILL RICHARD C/O LSI CORPORATION 1621 BARBER LANE MILPITAS, CA 95035 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Susan Solner Janjigian, by pow attorney | ver of | 04/01/2009 | | | | | | |
| **Signature of Reporting Person | I | | Date | | | | | |
| Evalenation of De | | ~~~ | | | | | | |

Explanation of Responses:

* 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).

(1) Annual Directot Grant

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.