## Edgar Filing: LITTELFUSE INC /DE - Form 4/A

LITTELFU	SE INC /DE										
Form 4/A											
March 11, 2	.013										
FORM 4 UNITED STATES SECURITIES AND EXCH									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB	3235-0287	
Check th	uis box		Wa	shingto	n, D.C. 2	0549			Number:		
if no lon	ger			ICES IN	IDENIEI			EDSILID OF	Expires:	January 31, 2005	
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Section Form 4				SECU	KI I ILS						
Form 5		suant to S	Section 1	6(a) of t	he Secur	ities l	Exchange	Act of 1934,	response	0.5	
obligatio	ons Section 17(						-	1935 or Section	L		
may con See Instr	lunue.			•	•	-	ct of 1940				
1(b).					_						
(Print or Type	Responses)										
1 Nome and	Address of Departing	Danson *						5 Deletionship of l	Domostin a Dos	an(a) to	
1. Name and Address of Reporting Person <u>*</u> MAJOR JOHN E			2. Issuer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			Symbol	I FUSE I	INC /DE	ПЕГ	121				
		<b>A. 1.11</b>				-	55]	(Check	all applicable	)	
(Last)	(First) (I	Middle)		of Earliest Day/Year)	Transactior	1		X Director	100/	Owner	
16720 LAS	CUESTAS, PO	BOX 27	03/07/2	•			-	Officer (give t		er (specify	
10,20 2115	00201110,100		05/07/2	.015			1	below)	below)		
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				nth/Day/Ye	ear)			Applicable Line)	na Danastina Da	#0.0 <b>m</b>	
	SANTE FE, CA 9	02067	03/11/2	2013			-	_X_ Form filed by O Form filed by Mo			
KANCHU	SANTE FE, CA S	2007					1	Person			
(City)	(State)	(Zip)	Tab	le I - Non-	-Derivativo	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)			Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership	Indirect	
(Instr. 3)		any								Beneficial	
		(Month/D	ay/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
						( )		Reported	(I)	(mout i)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	03/11/2013			А	64 <u>(1)</u>	А	\$	30,335	D		
Stock	00/11/2010				••-		67.5484	00,000	D		
Common	02/11/2012			٨	1 (1)	•	¢ (7 )7	20.226	D		
Stock	03/11/2013			А	1 (1)	А	\$ 67.37	30,336	D		

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

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 control number.

 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)	Code of (Instr. 8) Deriva		(Month/Day/Year) rivative curities quired ) or sposed (D) str. 3,		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / A	ddress	Relationships							
reporting o when runte / runtess		Director	10% Owner	Officer Other					
MAJOR JOHN E 16720 LAS CUESTAS PO BOX 27 RANCHO SANTE FE, CA	92067	Х							
Signatures									
John E. Major	03/11/2	2013							
<u>**Signature of</u>	Date								

## **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) Represents shares acquired pursuant to reinvestment of dividends on shares held pursuant to a deferred compensation plan.

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.

Reporting Person