## Edgar Filing: QPC Lasers - Form 4

QPC Lasers												
Form 4												
January 07, 2	.008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL		
	UNITED	STATES		ITIES A hington,			IGE (	COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									2005 Worago			
Section 10				SECUR	ITIES				Estimated average burden hours per			
Form 4 or									response 0.5			
Form 5 obligation	-						-	e Act of 1934,				
may conti				•	<b>.</b>			f 1935 or Sectio	n			
See Instru	ction	30(h)	of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of Re								Reporting Per	son(s) to			
FINISAR CORP Symbol								Issuer				
QPC Lase					CI]			(Check all applicable)				
(Last)	(First) (N	fiddle)	3. Date of Earliest Transaction (Check					k all applicable)				
× /		,		/Day/Year)				DirectorX10% Owner				
1389 MOFFETT PARK DRIVE 01/03/20				-				Officer (give titleOther (specify below)				
(Street) 4. If Amendm Filed(Month/E				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
				ı/Day/Year)				Applicable Line)				
								_X_Form filed by (	One Reporting Pe Iore than One Re			
SUNNYVA	LE, CA 94089							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	A. Dee	med	3. 4. Securities Acquired Transaction(A) or Disposed of			5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)		on Date, if				of	Securities	Form: Direct			
(Instr. 3)		any (Month/Day/Year)		Code (D) r) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
			Day/Teal)	(111501.0)	(11150. 3, -	su. 5, 4 and 5)		Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	01/03/2008			S	10,000	D	\$ 0.7	5,936,042	D			
Common	01/07/2008			S	15,000	D	\$ 0.7	5,921,042	D			
Stock							0.7					

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)

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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. Transactio Code (Instr. 8)	5. 6. Date Exercis onNumber Expiration Date of (Month/Day/Yo Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other				
FINISAR CORP 1389 MOFFETT PARK D SUNNYVALE, CA 94089			Х					
Signatures								
/s/ Kurt Adzema	01/07	//2008						
**Signature of Reporting Person	Da	te						

## **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).

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.