FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MICHAELS KIMON | | | | | | Issuer Name and Ticker or Trading Symbol PDF SOLUTIONS INC [PDFS] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app Direc | | | 10% C |)wner | | |
|--|--|--|----------|--------|------------------|--|-----------------------------|-----|--|-------|--------------------|--|----------------|----------------------|---|--|---|--------------------------|---|--|--|--|
| (Last) | (Fir | , | (Middle) | | | | 05/22/2014 (wonth/Day/Year) | | | | | | | | | belov | ' | | below) | | | |
| 333 W. SAN CARLOS ST. | | | | | | | | | | | | | | | | VP of Products and Solutions | | | | | | |
| SUITE 10 | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | filed by One | e Rep | orting Pers | son | | |
| SAN JOS | OSE CA 95110 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | y/Year) | Execution Date, | | | | | | ities Acquired (A d Of (D) (Instr. 3, | | | | | cially I | Forn (D) c | rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Code | v | Amount | | | | | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | , | (| | | | | | |
| Common | 014 | | | | F ⁽¹⁾ | | 275 | | D | \$19. | | 26 91,371 | | | I | By Spouse | | | | | | |
| Common | | | | | | | | | | | | 1,466,959 | | | 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) | ivative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any | | | | Code (Ir | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | 8. Price of Derivati Security (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , G G G G (I | 0. Ownership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount mber ires | | | | | | | | |

Explanation of Responses:

1. This represents a disposition of shares to the Company to satisfy tax withholding obligations with respect to the vesting of restricted Stock rights. This is not a sale of shares in the market.

/s/ Gregory Walker, Attorneyin-Fact for Kimon Michaels 05/23/2014

** Signature of Reporting Person Date

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

- * 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.

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.