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

| | 2. Issuer Name and Ticker or Trading Symbol PDF SOLUTIONS INC [PDFS] | | | | | - (| 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|---|-------|---|---|-------|---|---|---|--|--|---|---|
| (Last) (First) (Middle) 3. Date of Ea 11/07/2003 | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2003 | | | | | | X | Office | Director Officer (give title pelow) | | 0% Owner ther (specify elow) | | |
| 3000 SAND HILL ROAD BUILDING 3, SUITE 210 4. If Amendm | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) MENLO PARK CA 94025-7119 | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | |
| Table I - Non-Derivative Secur | | | , Dis | - | - | | | _ | | | 1 | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date Execution (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | n Date, | Transaction Disp Code (Instr. and | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | Indirect Beneficial Ownership | | |
| | | Code | v | Amount | (A) or (D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | (Instr. 4) | | |
| Common Stock 11/07/2003 | | S | | 400 | D | \$12. | 96 | 438,518 | | 438,518 | | I | By the Cassin Family Trust U/T/D 1/31/96 |
| Common Stock 11/07/2003 | | S | | 9,600 | D | \$12. | 95 | 428 | ,918 | I | By the Cassin Family Trust U/T/D 1/31/96 | | |
| Common Stock 11/07/2003 | | S | | 5,000 | D | \$13 | 3 | 423,918 | | I | By the Cassin Family Trust U/T/D 1/31/96 | | |
| Common Stock | | | | | | | | 41,666 | | I | By Cassin Family Partners, a California Limited Partnership | | |
| Table II - Derivative Securiti (e.g., puts, calls, w | | | | | | | | Owned | | | | | |
| Derivative Security (Instr. 3) Price of Derivative Security Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Conversion of Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 5) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | er 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | of D Se (I) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form: Direct or Ind (I) (Ins 4) | (D) Beneficial Ownership rect (Instr. 4) | | |
| Code V (| (A) (D) | Date Exercis | able | Expiration Date | | | | | | | | | |

Remarks:

/s/ P. Steven Melman, Attorney-in-Fact for B. J. Cassin

11/07/2003

** 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.