

MICRON TECHNOLOGY INC

Reported by MONDRY LAWRENCE N

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/26/17 for the Period Ending 10/24/17

Address 8000 S FEDERAL WAY

PO BOX 6

BOISE, ID, 83716-9632

Telephone 2083684000

CIK 0000723125

Symbol MU

SIC Code 3674 - Semiconductors and Related Devices

Industry Semiconductors

Sector Technology

Fiscal Year 08/30



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| 1. Name and Address of Reporting Person * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|----------------|--------|---------|---|----------------------------|------------|--|---------|--------------------|--------------|---|-------------------------------|------------|---|--|------------|
| Mondry Lawrence N | | | | | M | MICRON TECHNOLOGY INC [MU] | | | | | | | | incabic) | | | | |
| (Last) | (First |) (M | (Middle) | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | X _ Director | X Director10% Owner Officer (give title below) Other (specify below) | | | | | |
| 8000 S. FEDERAL WAY, MS 1-557 | | | | | | 10/24/2017 | | | | | | | Officer (grv | e title below | , | uner (speemy | ociow) | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| BOISE, ID 83716 (City) (State) (Zip) | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table 1 | I - No | n-Der | ivati | ive Secu | rities Acc | quire | ed, Dis | sposed o | of, or | Be | eneficially Owne | d | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. Date | | | | 3. Trans. Co (Instr. 8) | de | 4. Securities Acquor Disposed of (E) (Instr. 3, 4 and 5) | |) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | | Beneficial Ownership | |
| | | | | | | | | Code | v | Amou | nt (A) (D) | | ice | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 10/2 | | | | 10/24/ | 2017 |)17 | | A | | 6015 | (1) A | \$0 |) | 183382 | | D | | |
| | Tab | le II - Der | ivative | Secur | ities E | Bene | ficially | Owned (| e.g. , | puts, | calls, w | arrai | nts, | , options, conve | rtible sec | urities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | Executio | | | Code 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | | | s Underlying ve Security | nderlying Derivative Security | | Ownership Form of Derivative Security: | Beneficial | |
| | Security | | | | | v | (A) | (D) | Date Exerc | | Expiration Date | Title | | mount or Number of ares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Director Restricted Stock Awards vest at 100% on one year anniversary date of award...

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Mondry Lawrence N | | | | | | | |
| 8000 S. FEDERAL WAY, MS 1-557 | X | | | | | | |
| BOISE, ID 83716 | | | | | | | |

Signatures

| Robert Case, Attorney-in-fact | 10/26/2017 | | | |
|----------------------------------|------------|--|--|--|
| ** 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 control number.