## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Progler Christopher J |   |                  |  |         |       |   | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [ PLAB ] |        |                   |  |                    |  |   |  |  | of Reporting Per<br>icable)<br>or   |                             | 10% Owner Other (specify   |  |
|---|---|------------------|--|---------|-------|---|---|--------|-------------------|--|--------------------|--|---|--|--|---|-----------------------------|--|--|
| (Last)  |   | (First) (Middle) |  |         |       | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018 |   |        |                   |  |                    |  |   |  | helow)   |   | hnolo                       | below) ogy Office  | ·  |
| (Street) BROOKFIELD CT 06804                                    |   |                  |  |         | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |        |                   |  |                    |  |   |  | ndividual or Joint/Group Filing (Check Applicable b)  X Form filed by One Reporting Person Form filed by More than One Reporting |   |                             |  | n  |
| (City)  | ı   | (State)          | (Zip)  |         |       |   |   |        |                   |  |                    |  |   | Perso                                  | Person   |   |                             |  |  |
|   |   | Tab              | le I - No                                    | n-Deriv | ative | e Se  | curit   | ies Ac | quired,           | Dis  | posed o            | of, o  | r Ben   | eficia                                 | ly Owne  | t   |                             |  |  |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/          |   |                  |  |         |       | ar)   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)         |        | Code (            | Transaction<br>Code (Instr.                          |                    | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |  | Benefic<br>Owned   | es<br>ally<br>Following   | Form<br>(D) o               | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |
|   |   |                  |  |         |       |   |   |        | Code              | v  | Amount             | Amount (A)   |   | Price                                  | Transac  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |                             |  | (Instr. 4)   |
| Common Stock 07/02  |   |                  |  |         |       | 2018  |   |        |                   |  | 2,500              | 0  | A   | \$0.7                                  | 6 92   | ,400  | D                           |  |  |
| Common Stock 07/02/   |   |                  |  |         |       | /2018   |   |        |                   |  | 1,288              | (1)  | D   | \$7.9                                  | 5 91   | ,112  | D                           |  |  |
| Common Stock 07/02/   |   |                  |  |         |       | 2018  |   |        | S                 |  | 1,212              |  | D   | \$7.9                                  | 6 89   | 9,900   |                             | D  |  |
|   |   | ٦                | Гable II -                                   |         |       |   |   |        |                   |  | osed of<br>onverti |  |   |  | Owned  |   |                             |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversio<br>or Exercis<br>Price of<br>Derivative<br>Security |                  | 3A. Deem<br>Executior<br>if any<br>(Month/Da | Date,   |       | ransaction<br>Code (Instr.                                  |   | of E   |                   | . Date Exercisal<br>xpiration Date<br>Month/Day/Year |                    | Amo<br>Secu<br>Und<br>Deri                                       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e O<br>s F<br>lly D<br>o (f | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |                  |  |         | Code  | v   | (A)   |        | Date<br>Exercisab |  | expiration<br>Date | Title  |   | Amount<br>or<br>Number<br>of<br>Shares |  |   |                             |  |  |
| Stock<br>Options<br>(Right to                                   | \$0.76  | 07/02/2018       |  |         | M     |   |   | 2,500  | 11/10/201         | 12 1   | 1/10/2018          |  | nmon<br>ock   | 2,500                                  | \$0  | 8,000   |                             | D  |  |

## **Explanation of Responses:**

1. The sale reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted by Mr. Progler.

/s/ Richelle E. Burr, attorney-

07/05/2018

Date

in-fact for Christopher J.

**Progler** 

\*\* Signature of Reporting Person

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.