FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
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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. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB]							Relationship of Reporting Person(s) to Issuer (Check all applicable)						
MACRICOSTAS CONSTANTINE S												irector	10%		10% O\	wner		
(Last) 15 SECO		(First)	(Mic	ldle)		Date of I		nsactio	n (Mo	nth/Day/Year)			X Officer (give title Other (specify below) CEO & President					
(Street) BROOKFIELD CT 06804				4.	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 Form filed by More than One Reporting					
(City)		(State)	(Zip)										Person				
			Table	- Non-Deriv	ativ	e Seci	urities A	cquir	ed, I	Disposed o	of, or I	Benefic	ially O	vned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 08/04			08/04/20	09	08/04/2009		S		200	D	\$5.2	2,105,400		I		Owned By Limited Partnership ⁽¹⁾⁽²⁾		
Common Stock											153	153,746		D				
Common	Stock												50,	618	I Owned By Corporation ⁽³⁾			
Common Stock										34,000					Owned By Wife ⁽⁴⁾			
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)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day	y/Year) E	A. Deemed Recution Date, any Ionth/Day/Year)		ansaction of of ode (Instr. Derivative			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ve deriv / Secu Bene Own Follo Repo Tran	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V (A) (D)		Date Exe	e rcisabl	Expiration sable Date Tit		Amount or Number of Shares						

Explanation of Responses:

- 1. Represents all of the shares held by a limited partnership of which Mr. Macricostas owns limited partnership interests. Mr. Macricostas disclaims beneficial ownership of those shares not represented by his limited partnership interests.
- 2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 17, 2009.
- 3. Represents all of the shares held by a corporation of which Mr. Macricostas owns a signficant interest. Mr. Macricostas disclaims beneficial ownership of those shares not represented by his ownership interest. This corporation serves as the general partner of the limited partnership referred to above.
- 4. Mr. Macricostas disclaims beneficial ownership of these shares.

/s/ Richelle E. Burr, attorneyin-fact for Constantine S.

08/06/2009

Macricostas

** 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.