FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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* Burr Richelle E | | | | | | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB] | | | | | | | | | (Ch | eck all applic | 10% (| | son(s) to Iss 10% Ov Other (s | vner |
|---|---|--|---|-------|-------------|--|---|---|----|---------------------------------------|-------|--|--------------|--------|---|--|-------------------------|--|--|---|
| (Last) 15 SECC | , | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2020 | | | | | | | | | | X Officer (give title Of below) be | | | | ' ' |
| (Street) | | | 06804 | | _ 4. _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - No | n-Der | ivativ | | | | cq | | Dis | posed | of, or | Bene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaci Code (In 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | Benefici Owned F | es ally Following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | v | Amount | () | A) or D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| COMMON STOCK 08/10/2 | | | | | | | 2020 | | | М | | 5,00 | 0 | A | \$6.71 | 94 | 94,253 | | D | |
| СОММО | IMON STOCK 08/10/2020 | | | | | | | | S | | 5,000 | 0 ⁽¹⁾⁽²⁾ D \$ | | \$11.8 | 1 89 | 89,253 | | D | | |
| | | | Table II - | | | | | | | ired, D option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | umber ivative urities uired or oosed O) tr. 3, 4 | Ex | Date Exer opiration E lonth/Day | ate | of Securities | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e (o | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | ate kercisable | | xpiration ate | Title | 0 N | umber | | | | | |
| Stock Options (Right to Buy) | \$6.71 | 08/10/2020 | | | M | | | 5,000 | 12 | 2/10/2014 | 12 | 2/10/2020 | COMM STOO | | 5,000 | \$0 | 10,00 | 0 | D | |

Explanation of Responses:

- 1. Net proceeds of sale to fund children's education.
- 2. The sale reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted by Ms. Burr.

/s/Richelle E. Burr

08/12/2020

** 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.