FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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|--|---|--|--|-------|--|---|--|--------------|----------|---------------------------------|------|---|--------|--|--------------------------------------|--|---|---|--|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* FIORITA JOSEPH A JR | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB] | | | | | | | | | | all applic | able) | g Pers | on(s) to Iss | | |
| HOMIA JOSEIH A JIX | | | | | | | | | | | | | | | | X | Directo | r | | 10% Ov | vner | |
| (Last) (First) (Middle) 15 SECOR ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2017 | | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 13 SECON NOAD | | | | | | | | | | | | | | | | | | | | / - 1 1 1 | | |
| (0) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BROOKFIELD CT 06804 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| PROOKFIELD CI 00004 | | | | _ | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ´ | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | d (A) or . 3, 4 a | and Securitie Benefici | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Ì | Code | v | Amount | | (A) or (D) | Price | | Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common Stock 05/1 | | | | | 19/201 | 9/2017 | | | | M | | 12,50 | 0 | A | \$0. | \$0.76 | | 3,600 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | | 300 | | | I | Owned By Wife ⁽¹⁾ | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr. | | | | Date Exe piration onth/Da | Date | of S Und Der | | . Title and Amour of Securities Inderlying Derivative Security Instr. 3 and 4) | | D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisabl | | expiration pate | Title | | Amoun or Numbe of Shares | | | | | | | |
| Non- qualified Stock Options | \$0.76 | 05/19/2017 | | | M | | | 12,500 | | (2) | 1 | 1/10/2018 | | nmon ock | 12,50 | 0 | \$0 | 12,500 |) | D | | |

Explanation of Responses:

- 1. Mr. Fiorita, Jr. disclaims beneficial ownership of these shares.
- 2. The stock options vest 25% over 4 years on the anniversary date of the grant.

/s/ Richelle E. Burr, attorneyin-fact for Joseph A. Fiorita Jr.

05/19/2017

** 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 Number.