FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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: 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* TYSON MITCHELL G | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|----------|--------------------------------|---|--|--|--|--|--------------------------------------|---|---|--|---------------|-------|---|---|------------------------------------|--|-------------------------|---|
| | | | | | | | | | | | | • | | | | X | Direct | tor | 10 | % Owner | r |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2016 | | | | | | | | | | | Office below | er (give title v) | | er (spec ow) | cify | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) | | | | | | |
| BROOKFIELD CT 06804 | | | | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Perso | on | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | | Date, | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) (l Of (D) (Instr. 3, 4 | | | and Securi Benefi | | ties cially I Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | of In Ct Bend Own | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | | ction(s) 3 and 4) | | (IIIS | u. 4) |
| Common Stock 12/08/2 | | | | | | 2016 | :016 | | | S | | 8,400(1)(2) | | D | \$11 | | 61,379 | | D | | |
| | 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) | ve Conversion Date Execution or Exercise (Month/Day/Year) if any | | ay/Year) | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Date Exercisable an Expiration Date (Month/Day/Year) Date Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ıt r | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | ip of In Ben Owr ct (Inst | Nature ndirect eficial nership tr. 4) | | |

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by Mr. Tyson.
- 2. This transaction was executed in multiple trades. The reporting person undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and the prices at which the transaction was effected.

/s/ Richelle E. Burr, attorneyin-fact for Mitchell G. Tyson

12/12/2016

** 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.