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 | STATEMENT |
|--|-----------|
| obligations may continue. See Instruction 1(b). | Filed p |

T 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

| Name and Address of Reporting Person* Progler Christopher J | | | | | | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB] | | | | | | | | | (Che | eck all appli Directo | cable) or | ng Per | son(s) to Iss 10% Ov | wner | | |
|---|---|--|--|--------|---|---|--|---|--------------|----------------------------------|--------------|--|---|--|--|---|---|---------------|--|---|--|--|
| (Last) | (F OR ROAD | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2018 | | | | | | | | | 7 | below) | Officer (give title Other (specifically) VP, Chief Technology Officer | | | | | |
| (Street) BROOKFIELD CT 06804 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | fividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - No | n-Deri | vative | e Se | curit | ies Ac | qui | red, C | Disp | osed c | of, or Be | enefi | iciall | y Owned | 1 | | | | | |
| Date | | | | Date | Transaction ate Ionth/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | tion str. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securitie Benefici Owned F | | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | G | Code | v | Amount | (A) (D) | (A) or (D) | | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | Stock | | | 12/0 | 3/2018 | 8 | | | | M | | 2,800 |) A | | \$4.42 | 92 | ,700 | 0 D | | | | |
| Common | Stock | | | 12/0 | 3/2018 | 8 | | | | S | | 2,800 | (1) D | | \$9.8 | 89 | 900 | | | | | |
| | | ٦ | able II - | | | | | | | | | sed of, onverti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of Deri Sec Acq (A) Disp of (I | oosed D) tr. 3, 4 | Expi | ate Exer iration I nth/Day | Date | ble and | Amount of Securities Underlying Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | or | ount nber ires | | | | | | | |
| Stock Options (Right to | \$4.42 | 12/03/2018 | | | М | | | 2,800 | 12/2 | 21/2013 | 12 | 2/21/2019 | Common Stock | 2,8 | 300 | \$0 | 16,800 | 0 | 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-

in-fact for Christopher J.

12/06/2018

Date

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.