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: 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* MACDICOSTAS CONSTANTINE S							2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MACRICOSTAS CONSTANTINE S						Direc											ctor	10	10% Owner			
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/02/2012									X	Office belov	,	be	Other (specify below)		
15 SECOR ROAD						100/0	12/2	012								CEO & President						
P.O. BOX 5226																						
(Street) BROOKFIELD CT 06804					4. If .	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(City)	((Stat	e) (2	Zip)												Form filed by More than One Reporting Person					ting	
			Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally (Dwne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Secu Bene Owne		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	t (A) or (D)		Price	.	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common Stock 08/02/2						/2012	2012		P		4,126(1	L)	A	\$4.85(2)		968,382		D				
Common Stock																34,568		I	E	Owned By Wife ⁽³⁾		
	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 Security 1. Title of Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution if any (Month/Day/Year)				Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Date	Amou Secu Unde Deriv Secu		7. Title and Amount of Securities Juderlying Jerivative Security (Instr. 3 and 4)		8. Pri Deriv Secu (Instr	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	nip o E)) C ct (I	11. Nature of Indirect Beneficial Ownership Instr. 4)		
				Code	v	(A)	(D)			Expiration Date	Title	or Nur of	ount nber ires									

Explanation of Responses:

- 1. Represents 4,126 shares of Photronics, Inc. Common Stock purchased under the Company's Employee Stock Purchase Plan.
- 2. The purchase price of the shares pursuant to the Employee Stock Purchase Plan is 85% of the fair market value (the "Closing Price") of the Common Stock of the Company on the purchase date of the applicable purchase period as defined in the 2011 Twentieth Offering Plan documents.
- 3. Mr. Macricostas disclaims beneficial ownership of these shares.

/s/ Richelle E. Burr, attorney-

in-fact for Constantine S.

Macricostas

** Signature of Reporting Person

Date

08/02/2012

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.