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INFORMAT	TICA CORP										
Form 4											
April 28, 200)8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITED	STATES				ND EX(D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER						Expires:	January 31,
								LOW	NERSHIP OF	Estimated a	2005 verage
	Section 16.				SECURITIES					burden hou	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1						A (\$1024	response	0.5	
obligation									1935 or Sectior		
may cont	inue.		of the In	•		•	- ·			1	
<i>See</i> Instru 1(b).	uction	20(11)	or the m	v estinei		compun	<i>j</i> 110		•		
	`										
(Print or Type F	(Responses)										
1. Name and Address of Reporting Person * 2. Issuer ROBEL CHARLES J Symbol			uer Name and Ticker or Trading				ıg	5. Relationship of Reporting Person(s) to Issuer			
			INFOR	MATIC	А	CORP [INFA	A]			`
(Last)	(First) (M	(liddle)	3. Date of	Earliest '	Tra	insaction			(Check	k all applicable)
(Month/D			/Day/Year)					_X_ Director 10% Owner			
C/O INFORMATICA 04/25/20			008			Officer (give title Other (specify below) below)					
CORPORA' WAY	TION, 100 CARI	DINAL							,	,	
WAI					-	~ • • •					
(Street) 4. If Amer Filed(Mon			ndment, Date Original				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
			th/Day/Year)								
REDWOOD	O CITY, CA 9406	3							Form filed by M Person	ore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deen	ned	3.		4. Securi			5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution	n Date, if			n(A) or Di	-		Securities	Form: Direct	Indirect Beneficial
(Instr. 3)		any (Month/E	Code (Instr. 3, 4 and 5) (Instr. 8)				5)	2	(D) or Indirect (I)	Ownership	
									Following	(Instr. 4)	(Instr. 4)
							(A)		Reported Transaction(s)		
				Code	v	Amount	or	Drice	(Instr. 3 and 4)		
Common				Code		Amount	(D)	Price \$			
Stock	04/25/2008			М		2,000	А	ф 11.94	2,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number 6. Date Exercisable and prof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numt of Share
Non-qualified stock option (right to buy)	\$ 11.94	04/25/2008		М	2,000	11/16/2006	11/16/2010	Common Stock	2,00

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
ROBEL CHARLES J C/O INFORMATICA CORPORATION 100 CARDINAL WAY REDWOOD CITY, CA 94063	Х					
Signatures						
/s/Peter McGoff Attorney in fact for Char Robel	les J.	04/28/2008				
**Signature of Reporting Person		Date				
Explanation of Pospon	2001					

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.