FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 01 (| OCCU | 011 00(11) | 01 1110 1 | vcoamen | | ipariy Act | 01 10-10 | | | | | | | | |
|--|---|--|---|---------|-------------|--|---|-----------|--|-------------------------------------|---------------------|---|--------------------------------|-------|---|--|---|--|--|--|
| 1. Name and Address of Reporting Person* GILLEN JOHN | | | | | | 2. Issuer Name and Ticker or Trading Symbol EMCORE CORP [EMKR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| GILLE | <u>N JUHN</u> | | | | | | | | | | | | | | X Dire | ctor | 10% | Owner | | |
| (Last) (First) (Middle) C/O EMCORE CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2006 | | | | | | | | | Offic belo | er (give title w) | Other below | r (specify v) | | |
| 145 BELMONT DRIVE | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | 02/03/2006 | | | | | | | | | Line) | | | | | |
| SOMERSET NJ 08873 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Nor | ı-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | nd Secui Benet | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () () | A) or D) | Price | Trans | action(s) 3 and 4) | | (iiisti. 4) | | |
| EMCORE Corporation Common Stock, no par value 02/ | | | | 02/0 | 2/01/2006 | | | | A | | 61(1) | | A | \$8. | 17 | 23,360 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | | | ` | | |
| 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/Da | Date, | Code (Instr | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Original Form 4 reflected an incorrect number of shares issued.

Remarks:

John Gillen

02/09/2006

** 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.