FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

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

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 [*] <u>GILLEN JOHN</u> | | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | _ | | | | | X [| Direct | tor | | 10% C | wner | |
| (Last) (First) (Middle) C/O EMCORE CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2005 | | | | | | | | | | | Officer (give title below) | | | Other (spe below) | | |
| 145 BELMONT DRIVE | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | | ne) X | Form | filed by One | e Report | ing Pers | on | |
| SOMERS | SET NJ | (|)8873 | | | | | | | | | | | | | | Form Perso | filed by Mor | e than C | One Rep | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | es Ac | qui | red, I | Disp | osed o | f, or | Bene | ficia | ally O | wne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction I Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | nd Se | 5. Amount of Securities Beneficially Owned Following Reported | | 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 | ͺ Tr | Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) | |
| EMCORE Corporation Common Stock, no par value 02/28/ | | | | | 3/2005 | | | | | A | | 1,195 | 5 | Α | \$2. | 93 | 19,818 | | Ι |) | | |
| | | Та | ıble II - D | | | | | | | | | sed of, onvertib | | | | y Own | ned | | | | | |
| 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, | 4. Transactio Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | tive by 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Coo | Code | v | (A) | (D) | Dat Exe | te ercisabl | | Expiration Date | Title | Amo or Nun of Sha | | | | | | | | |

Explanation of Responses:

Remarks:

John Gillen

02/28/2005

** 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.