FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	<b>CHANGES</b>	IN BEI	NEFICIAL	<b>OWNERSHI</b>	Ρ
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OIVID APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

Name and Address of Reporting Person*     Wojciechowski David Gregory				2. Issuer Name and Ticker or Trading Symbol  EMCORE CORP [ EMKR ]						(Chec	ationship of I k all applicat Director Officer (g	ole)		ouer  Dwner (specify			
(Last) (First) (Middle) 2015 W. CHESTNUT STREET					3. Date of Earliest Transaction (Month/Day/Year) 12/28/2017							^	Vice President, Sales				
(Street) ALHAMBRA CA 91803				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(Sta		Zip)					•	to differ		·	. 5					
1. Title of Security (Instr. 3)  2. Trans Date							l ate,	Code (Instr.			d (A) or	or 5. Amount of		i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	n(s) d 4)		(		
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)	vative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any		ate, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	iii(s)		
Performance- Based Restricted Stock Units (PSUs)	(1)	12/28/2017			A		10,000 <sup>(1)</sup>		(2)	(2)	Emcore Common Stock	10,000(1)	\$0 <sup>(3)</sup>	15,037 <sup>(1)</sup>	D D		
Restricted Stock Units	(5)	12/28/2017			A		10,000		(6)	(6)	Emcore Common Stock	10,000	\$0 <sup>(7)</sup>	22,884	D		

## **Explanation of Responses:**

- 1. Each PSU represents a contingent right to receive one share of EMCORE common stock, based on the Issuer's total shareholder return (TSR) compared to pre-established relative TSR goals, based on the TSR of the Russell Microcap Index, that were set by the Compensation Committee of the Board of Directors. The aggregate number of shares issued may range from zero (0) to 200% of the target number of shares reported in column 7 of this report.
- 2. Between zero (0) and 200% of the PSUs will vest, if at all, on December 28, 2020.
- 3. The PSUs were awarded to the Reporting Person for no cash or other similar consideration.
- 4. Reflects a correction in the number of PSUs reported as beneficially owned by the Reporting Person in prior reports due to an inadvertent error that appeared in the prior reports.
- $5.\ Each\ restricted\ stock\ unit\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ EMCORE\ common\ stock.$
- 6. Vests in four equal annual installments commencing on December 28, 2018.
- $7. \ The \ restricted \ stock \ units \ were \ awarded \ to \ the \ Reporting \ Person \ for \ no \ cash \ or \ other \ similar \ consideration.$

## Remarks:

Ryan Hochgesang, attorney in fact

12/29/2017

\*\* 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.