FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	PROVAL
OMB Number:	3235-028

0.5

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	Check this box if no longer subject to
\neg	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>RITTICHIER JEFFREY</u>					2. Issuer Name and Ticker or Trading Symbol EMCORE CORP [EMKR]								i. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner				
(Last) 2015 W. C	(Last) (First) (Middle) 2015 W. CHESTNUT STREET				3. Date of Earliest Transaction (Month/Day/Year) 10/18/2016							X	X Officer (give title Other (special below) Chief Executive Officer				
(Street) ALHAMB (City)	RA CA		91803 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	able I - Non-I	 Derivat	ive S	ecurities	Acq	uired, Di	spc	osed of	, or Ben	eficially O	wned				
			. Transact Date Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									,	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				
			Table II - De					ired, Dis _l options,				•	ned				
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/Yea	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate				8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte	ive ies cially ing ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transac (Instr. 4)			
Performance- Based Restricted Stock Units (PSUs)	(1)	10/18/2016		A		100,000(1)		(2)		(2)	Emcore Common Stock	100,000(1)	\$0 ⁽³⁾	100,00	000 ⁽¹⁾ D		
Restricted Stock Units	(4)	10/18/2016		A		70,000		(5)		(5)	Emcore Common Stock	70,000	\$0 ⁽⁶⁾	70,0	000	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 columns 7 and 9 of this report.
- 2. Between zero (0) and 200% of one third of the PSUs will vest, if at all, on each of October 17, 2017, October 17, 2018 and October 17, 2019.
- 3. The PSUs were awarded to the Reporting Person for no cash or other similar consideration.
- 4. Each restricted stock unit represents a contingent right to receive one share of EMCORE common stock.
- 5. Vests in four equal annual installments commencing on October 18, 2017.
- 6. The restricted stock units were awarded to the Reporting Person for no cash or other similar consideration.

Remarks:

/s/ Leila Brown, attorney in fact 10/20/2016

** 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.