FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3

OMB APPROVAL									
OMB Number:	3235-0287								
Catimated average b	aurdon.								

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 323
Estimated average burden 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*  Nat Table Const.						2. Issuer Name and Ticker or Trading Symbol Fabrinet [FN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ng Toh-Seng								-								Direc	ctor	10%	Owner	
					·									_	X	Office	er (give title	Other below	(specify	
(Last)	(Fi	rst) (	Middle)			Date of Earliest Transaction (Month/Day/Year)											,		)	
C/O FABRINET USA, INC.					08/20/2015									Chief Financial Officer						
3736 FALLON ROAD #428																				
3/36 FALLON ROAD #428				1 If	4. If Amondment, Date of Original Filed (Month/Dou/Moss)								- 6	6 Individual or Joint/Croup Filing (Chack Applicable						
,					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Form	n filed by One	e Reporting Per	son	
DUBLIN	C.A	A 9	94568													Form	n filed by Mor	re than One Re	nortina	
					-											Pers		e than one req	Jording	
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (	Owne	ed			
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action					3. 4. Securities Acquired (A)						5. Am		6. Ownership	7. Nature	
				Date (Month/D	)av/Yea	Execution Date, if any			Transaction Disposed Of (D) (Insti			) (Instr.	3, 4 ar	nd			Form: Direct (D) or Indirect	of Indirect Beneficial		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							(Month/Day/Year)									d Following	(I) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A) or		Price	Tran		action(s)		(instr. 4)	
						Coue	Ľ	Amount	(D)		11100	(In:		3 and 4)						
Ordinary Shares 08/20/					/2015				A		55,076	(1)	A \$0.		00 178,179		D			
		Ta	hle II - I	Derivati	ive S	ecu	ırities	Δcaui	ired D	isno	sed of,	or B	enefi	riall	v Ov	vned				
		10									onvertib				,	····cu				
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Exercisal				7. Title and		8. Price of		9. Number o		11. Nature	
Derivative Security	Conversion or Exercise		Execution if any		te, Transacti Code (Ins				Expiration Date Amount of (Month/Day/Year) Amount of Securities					Derivative Security		derivative Securities	Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/D					8)			Securities		Underlying				(Instr. 5)		Beneficially Owned Following	Direct (D)	Ownership		
	Derivative						Acquired (A) or		Derivative Security (Ins			str. 3			or Indirect (I) (Instr. 4)		(Instr. 4)			
							Disposed of (D)					and 4)					Reported Transaction(s)	(e)		
							(Instr	(Instr. 3, 4									(Instr. 4)	(3)		
				L		and 5)							1							
											Amount		ount							
										or Number										
								Date Exercisable		Expiration Date	Title	of Sha	roc							
					Coue	Code   V   (A)   (			Exercisable		Dale	I me	- Jona	162						

## Explanation of Responses:

1. Each share is represented by a Restricted Stock Unit ("RSU"). The RSUs will vest in four (4) equal annual installments on August 20 in 2016, 2017, 2018 and 2019, provided that the Reporting Person is a service provider on each such vesting date.

## Remarks:

Andrew Chew, Attorney-infact for Toh-Seng Ng 08/21/2015

\*\* 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.