FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

IIP
II

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Mitchell David T.					2. Issuer Name and Ticker or Trading Symbol Fabrinet [FN]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
,														Offic	er (give title		(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								belo		below		
C/O FABRINET USA, INC.					01/09/	01/09/2018									Executive	e Chairman		
3736 FALLON ROAD #428																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable				
(Street)														Line) X Form filed by One Reporting Person				
DUBLIN CA 94568														Form filed by More than One Reporting				
(City)	(St	ate)	Zip)											Pers			g	
		Tab	le I - Nor	n-Deriva	ative S	ecurit	ies Acc	quired,	Dis	posed o	f, or	Bene	ficially	y Own	ed			
			2. Transa		2A. De	2A. Deemed				urities Acquired (A) or			5. Amount of		6. Ownership	7. Nature		
				Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4			3, 4 and	Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
								Code	v	Amount		A) or D)	Price		ted action(s) 3 and 4)		(Instr. 4)	
Ordinary	Shares			01/09	/2018			S ⁽¹⁾		1,599)	D	\$30	6	60,635	I	By Trust ⁽²⁾	
Ordinary	Shares													1	11,057	D		
Ordinary	Shares													4	10,680	I	By 1st Son's Trust ⁽³⁾	
Ordinary Shares													4	10,680	I	By 2nd Son's Trust ⁽³⁾		
Ordinary Shares												40,681		I	By 3rd Son's Trust ⁽³⁾			
	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) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		Date,	Transaction Code (Instr. 8) S A (//		Number rivative curities quired or sposed (D) str. 3, 4 d 5)	Expiratio	Date Exercisable xpiration Date Month/Day/Year)		Amount of Securities Underlying Derivative Security (II and 4)		tr. 3	Price of erivative ecurity estr. 5)	9. Number o 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 Exercisa		Expiration	Title	Num of Shar							

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 25, 2017.
- 2. Shares are held by the David T. Mitchell Separate Property Trust, of which the Reporting Person is the sole trustee and current beneficiary.
- 3. Shares are held in trusts for the benefit of each of the Reporting Person's children. The Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

Remarks:

Andrew Chew, Attorney-infact for David T. Mitchell

01/10/2018

** 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.