FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF |
|--|---------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuan |

CHANGES IN BENEFICIAL OWNERSHIP

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

| | | Reporting Person* EMMANUEI | <u>. T</u> | | | | | e and Tio | | | g Symbol WR] | | | | all applic Directo | able) r | g Pers | 10% Ow | ner |
|--|---|--|------------|---------------------------------|------------------------------|--|-----|---|---|--------|--|--|--|---|---|---|--|--|---|
| (Last) 3939 NC | Last) (First) (Middle) 8939 NORTH FIRST STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2007 | | | | | | | | Officer (give title Other (specify below) Chief Financial Officer | | | |
| (Street) SAN JOSE CA 95134 | | | | | _ 4. _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indivi ne) X | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | D | | - 0- | | · • | | | | f D | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | tion | n 2A. Deemed Execution Date, | | | 3. Transa Code (| ction | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amou Securiti Benefic Owned | | unt of 6. es Foially (Displaying (E) | | n: Direct or Indirect I nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | | | | | | | [| (Instr. 4) | | | | | | | | |
| Class A C | Common Sto | ock | | 07/25/2 | 007(2) | | | | M | | 25,000 | A | \$3.3 | | 30 | 30,000 D | | | |
| Class A C | Common Sto | ock | | 07/25/2 | 007(2) | | | | S | | 25,000 | D | \$68.021 | 6(3) | 5,000 | | 000 D | | |
| | | - | Table | | | | | | | | posed of, , converti | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) |) if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Dei | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ve ies ially ng ed ction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to | \$3.3 | 07/25/2007 | | | М | | | 25,000 | (1) |)(2) | 04/25/2015 | Class A Commor Stock | 25,000 |) | \$0 | 326,73 | 8 | D | |

Explanation of Responses:

- 1. The option became exercisable as to 1/36 of the underlying shares on May 25, 2005 and as to an additional 1/36 of the underlying shares monthly thereafter.
- 2. The sales reported on this Form 4 were effected pursuant to a previously adopted rule 10b-5-1 trading plan by the reporting person.
- 3. Price reflects weighted average sales price; actual sales prices ranged from \$67.31 to \$68.44.

/s/ Magali Salomon, Attorney-07/26/2007 in-Fact

** 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.