FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  Lach Steven N.		2. Date of Event Requiring Statement (Month/Day/Year) 06/01/2015	3. Issuer Name and Ticker or Trading Symbol TTM TECHNOLOGIES INC [ TTMI ]					
(Last) 1665 SCENIC A	(First) AVE., SUITE 250	(Middle)		Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director		10% Owner Other (specify	If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) COSTA MESA (City)	CA (State)	92626 (Zip)			See Remarks			idual or Joint/Group Filing (Check ble Line) Form filed by One Reporting Person Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	8,423	D	

# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	derlying	Conversion Form: Direct or Exercise (D) or	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	

### **Explanation of Responses:**

#### Remarks:

Mr. Lach serves as the Issuer's Senior Vice President and President of the Specialty Business Unit.

<u>/s/ Steven N. Lach</u> <u>06/03/2015</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).