FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Donofrio John | | | | | | 2. Issuer Name and Ticker or Trading Symbol FARO TECHNOLOGIES INC [FARO] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|-------|--|--|---|----------|---------------|--|-----------------|--|--|---------------|---|---|---|-------------------------------------|--|---------------------------------------|
| (Last) ONE VII | Last) (First) (Middle) ONE VILLAGE CENTER ROAD | | | | | | | est Tran | on (Mon | th/Da | ay/Year) | | _ | r (give title | | Other (s | · | | | |
| (Street) VAN BUREN TOWNSHIP MI 48111 | | | | 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) | | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| District of Society (mounts) | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Ti | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | Benefic Owned | es Formially (D) (Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | С | ode V | , | Amount | t (A) or Pr | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 01/01/ | | | | | | /2009 | | | М | | 1,13 | 1,133 A | | \$0 | 2 | 2,133 | | D | | |
| | | T | able II - I (| | | | | | | | | | or Be | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr | | n of | | . Date Exercisable Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Ex _I | piration te | Title | OI N Of | umber | | | | | |
| Restricted Common Stock | (1) | 01/31/2009 | | | M | | | 1,133 | (| (1) | | (1) | Commor Stock | 2 | 2,267 | \$0 | 2,267 | | D | |

Explanation of Responses:

1. Restricted stock was granted pursuant to the Company's 2004 Equity Incentive Plan and vests in three annual installments beginning one year from date of grant.

/s/ Steven Vazquez as

Attorney-in-Fact for John 01/31/2009

<u>Donofrio</u>

** 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.