FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* DAMOURS HURBERT				2. Issuer Name and Ticker or Trading Symbol FARO TECHNOLOGIES INC [FARO]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
DAMOURS HURBERT															X Direct	or 10% (10% Ov	wner				
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/08/2007										Office below	r (give title)		Other (s	specify			
125 TEC	HNOLOG	Y PARK																					
					4. If	f Ame	endmen	t, Date	e of O	riginal F	iled ((Month/D	ay/Year)	6. Ir	ndividual or	Joint/Group	Filing	(Check Ap	plicable			
(Street)																	Line) X Form filed by One Reporting Person						
LAKE M	IARY FI		32746																				
																Form Perso	filed by Mor	e thar	n One Repo	rting			
(City)	(9:	tate)	(Zip)													Perso	11						
(City)	(3	late)	(Zip)																				
		Tab	le I - Non	-Deriv	ative	Se	curiti	es A	cqui	ired, D	isp	osed o	of, or	3en	eficial	y Owne	d						
1 Title of 9	Security (Inst			2. Trans		_	2A. Dee		_	3.	Ť					5. Amoi	1	6 Ov	nership	7. Nature			
I. THE OF	security (iiis			Date	n/Day/Year)		Execution Date, if any (Month/Day/Year		te, I	e, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				Securiti	urities		: Direct	of Indirect			
				(Month/I								5)				Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership			
							,		Ė		-		10) or	Ι	Reported Transaction(s)				(Instr. 4)			
									- [Code	v	Amount	i (i		Price	(Instr. 3 and 4)							
Common	Stock			09/08	09/08/2007					М		733	3	A	\$0	2	.067	D					
Common Stock													755 11				,						
		Т	able II - I													Owned							
			(e.g., p	uts, (call	s, war	rant	s, op	ptions	, cc	nverti	ble se	cur	ities)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exec (Month/Day/Year) if any	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr 8)		n of E		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				⊢			anu :	P)	<u> </u>														
														0	mount r								
									Date		Evi	oiration		N o	umber								
				(Code	v	(A)	(D)		rcisable	Da		Title		hares								
Non- employee Director Stock Option (right to buy)	\$21.56								05/1	12/2005	05/	12/2014	Commo Stock		3,000		3,000		D				
Restricted				$\neg \uparrow$					İ					\top				\neg					
Common	(1)									(1)		(1)	Commo		666		666		D				
Stock							_							_									
Restricted Common Stock	(1)	09/08/2007			M		733			(1)		(1)	Commo		1,467	\$0	1,467		D				
Restricted Common	(1)									(1)		(1)	Commo		2,200		2,200		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/ Martin A. Traber as Attorney In Fact for Hubert

09/10/2007

 $\underline{d'Amours}$

** 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.