FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number: 3235-028							
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* YEAMAN KEVIN J				2. Issuer Name and Ticker or Trading Symbol Dolby Laboratories, Inc. [DLB]										olicable)	ng Person(s) to	Issuer Owner	
(Last) (First) (Middle) C/O DOLBY LABORATORIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/02/2017									X	Officer (give title below) President		Other below t and CEO	(specify
1275 MARKET STREET (Street)				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applical Line)				
SAN	· · ·				X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(St	ate) (Z	(ip)														
		Table	e I - Non-Deriv	ative	Secu	ırities A	Acqu	uired	l, D	isposed o	f, or E	Benefic	ially	Owne	ed		
Date			2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, ar) if any (Month/Day/Year)		n Date,	3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Secur Benef Owned		ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
						Cod	Code V Ar		Amount	(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	(Instr. 4)	
Class A Common Stock 11/02/2017			7			S			10,000	D \$58.3		793(1)	77,895		I	By the Kevin and Rachel Yeaman Family Trust dated May 14, 2009	
Class A C											118,251(2)		D				
		Та	ble II - Derivati (e.g., pu							posed of, convertib				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transa Code (8)	ction	5. Numborf Derivatir Securitir Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve (I	er 6. Date Exe Expiration (Month/Da		ercisable and Date	7. Title Amour Securi Under Deriva	e and nt of ties lying tive ty (Instr.	8. Pr of Deri Secu (Inst	ivative urity tr. 5)	9. Number of 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 Exerci	sabl	Expiration e Date	Title	or Number of Shares					

${\bf Explanation\ of\ Responses:}$

- 1. This transaction was executed in multiple trades at prices ranging from \$57.99 to \$58.53. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected.
- 2. Shares held following the reported transactions include 118,251 shares of Class A common stock underlying restricted stock units, which are subject to forfeiture until they vest.

Remarks:

The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

/s/ Daniel Rodriguez, Attomey-in-Fact for Kevin 11/02/2017 Yeaman 11/02/2017

** 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.