Edgar Filing: HOLOGIC INC - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pur	STATES SECU Wa IENT OF CHAN suant to Section 1 a) of the Public U 30(h) of the In	shington NGES IN SECUH (6(a) of th (tility Hol	, D.C. 20 BENEFI RITIES ne Securit ding Com	549 [CIA ies E. ipany	L OWN xchange Act of	NERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
Oberton Karleen Marie Symbol			uer Name and Ticker or Trading I DGIC INC [HOLX]				 Relationship of Reporting Person(s) to Issuer (Check all applicable) 		
(Last)(First)(Middle)3. Date of Earliest Transaction (Month/Day/Year)35 CROSBY DRIVE07/30/2015				Director 10% Owner X Officer (give title Other (specify below) Corp. VP and Controller					
(Street) BEDFORD, MA 01730		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	(Zip) Tah	le I - Non-I	Derivative	Securi	ities Aca	Person uired, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		3.	4. Securit or(A) or Dis (Instr. 3, 4	ies Ac sposed	quired l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common 07/30/2015 Stock		M	15,000	A	\$ 21.89	18,450	D		
Common 07/30/2015 Stock		S	15,000 (1)	D	\$ 41.36 (2)	3,450 <u>(3)</u>	D		

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

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 control number.

Edgar Filing: HOLOGIC INC - Form 4

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 5	Sec
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A O N O
Non-qualified Stock Option (Right to Buy)	\$ 21.89	07/30/2015		М	15,000	05/15/2007 <u>(4)</u>	05/15/2016	Common Stock	1

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O	Director	10% Owner	Officer	Other			
Oberton Karleen Marie 35 CROSBY DRIVE BEDFORD, MA 01730			Corp. VP and Controller				
Signatures							
/s/ Anne M. Liddy, Attorney-in-fact for Karleen M. Oberton			07/31/2015				
<u>**Signature of Report</u>	ing Person		Date				

Explanation of Responses:

- * 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).
- (1) Shares sold pursuant to an existing Rule 10b5-1 trading plan.
- The price reported is the weighted average price per share. Shares were sold in multiple transactions at prices ranging from \$41.2900 to
 (2) \$41.5000 per share. The Reporting Person will provide, upon request by the Commission staff, the Issuer, or a securityholder of the Issuer, full information regarding the number of shares sold at each price.
- (3) Includes 136 shares purchased via the Hologic ESPP on June 30, 2015.
- (4) The option, issued pursuant to the Second Amended and Restated 1999 Equity Incentive Plan, becomes exercisable in five equal annual installments beginning May 15, 2007.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.