

Finger William Lansing
Form 3
January 14, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB
Number: 3235-0104
Expires: January 31,
2005
Estimated average
burden hours per
response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting
Person *

^ Finger William Lansing

(Last) (First) (Middle)

201 ROUTE 17N.,^ 2ND
FLOOR

(Street)

RUTHERFORD,^ NJ^ 07070

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)

01/04/2019

3. Issuer Name **and** Ticker or Trading Symbol
CANCER GENETICS, INC [CGIX]

4. Relationship of Reporting
Person(s) to Issuer

(Check all applicable)

____ Director ____ 10% Owner
X Officer ____ Other
(give title below) (specify below)
EVP Precision Medicine

5. 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 Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

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

SEC 1473 (7-02)

**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.**

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)

Date Expiration
Exercisable Date

3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)

Title Amount or
Number of
Shares

4. Conversion
or Exercise
Price of
Derivative
Security

5. Ownership
Form of
Derivative
Security:
Direct (D)
or Indirect
(I)

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

(Instr. 5)

Stock Option (right to buy)	Â (1)	01/04/2029	Common Stock	75,000	\$ 0.44	D	Â
-----------------------------	-------	------------	--------------	--------	---------	---	---

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Finger William Lansing 201 ROUTE 17N. 2ND FLOOR RUTHERFORD,Â NJÂ 07070	Â	Â	Â EVP Precision Medicine	Â

Signatures

/s/ William L. Finger	01/14/2019
--------------------------	------------

Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) The option award was made in accordance with the terms of the Amended and Restated Cancer Genetics, Inc. 2011 Equity Incentive Plan (the "2011 Plan"). The shares underlying the options shall become vested and exercisable with respect to twenty percent (20%) of the shares on the one-year anniversary of the date of grant and with respect to the remaining eighty percent (80%) of the shares in equal monthly installments on the 4th day of each of the forty-eight (48) calendar months thereafter, provided that the optionee remains a services provider to the Company through each applicable vesting period. The exercise price is the closing price of a share of Common Stock as of the date of grant on the NASDAQ Capital Market in accordance with the terms of the 2011 Plan.

Â

Remarks:

ExhibitÂ 24:Â PowerÂ ofÂ Attorney

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.