Edgar Filing: GENOMIC HEALTH INC - Form 4

GENOMIC I	HEALTH INC											
Form 4												
February 17,	2017											
FORM									OMB AF	PROVAL		
	UNITED	STATESS		shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check the									Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHI				NERSHIP OF	Estimated a	2005 average		
Section 1	6.			SECUR	ECURITIES					burden hours per		
Form 4 o Form 5		~			~ .				response	0.5		
obligation	n a						-	e Act of 1934,				
may cont	inue. Section 17(•	•	· ·		1935 or Section	1			
See Instru	uction	30(n) 0	i the In	vestment	Compan	y Ac	t 01 194	0				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of							5. Relationship of	Reporting Person(s) to				
Vaughn James J Symbol								Issuer				
GENOM				MIC HEALTH INC [GHDX]				(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of	Earliest Tra	ansaction			(Cheer	x an appneable)		
		(Month/D	th/Day/Year)				Director	Owner			
301 PENOBSCOT DRIVE 02/15/2				5/2017				X Officer (give below)	title Othe below)	er (specify		
								· · · · · · · · · · · · · · · · · · ·	ommercial Offi	cer		
	(Street)	2	4. If Ame	ndment, Da	te Original	l		6. Individual or Jo	int/Group Filin	g(Check		
				Month/Day/Year)				Applicable Line)				
								X Form filed by O Form filed by M				
REDWOOD	O CITY, CA 9406	53						Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deeme	ed	3.	4. Securit	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio		•		Securities	Form: Direct			
(Instr. 3)		any (Month/Do	v/Veor)	Code (Instr. 3, 4 and 5) (Instr. 8)						Beneficial Ownership		
		(Month/Da	ly/ I cal)	(IIIsu. o)				Following	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Reported	. ,	. ,		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	02/15/2017			F	3,417	D	\$ 31.12	30,502 <u>(1)</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.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
r g	Director	10% Owner	Officer	Other				
Vaughn James J 301 PENOBSCOT DRIVE REDWOOD CITY, CA 94063			Chief Commercial Officer					
Signatures			Oncer					
/s/ Jason W. Radford, Attorney-in-fact	0	2/17/2017						
**Signature of Reporting 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) Includes an aggregate of 17,374 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.

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.