

Posard Matthew L.
Form 3
March 07, 2012

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Posard Matthew L.		(Month/Day/Year)	ILLUMINA INC [ILMN]	
(Last)	(First)	(Middle)	02/02/2012	
5200 ILLUMINA WAY			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN DIEGO,Â CAÂ 92122			☐ Director ☐ 10% Owner ☒ Officer ☐ Other (give title below) (specify below) Sr VP & GM, Consumer Genomics	6. Individual or Joint/Group Filing(Check Applicable Line) ☒ Form filed by One Reporting Person ☐ Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

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)
Common Stock	16,807 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

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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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		(I) (Instr. 5)	
Non-Qualified Stock Option (right to buy)	02/25/2007 ⁽²⁾	01/25/2017	Common Stock	8,334	\$ 20.04	D	Â
Non-Qualified Stock Option (right to buy)	02/28/2009 ⁽³⁾	01/28/2019	Common Stock	17,580	\$ 28.45	D	Â
Non-Qualified Stock Option (right to buy)	02/29/2008 ⁽³⁾	01/29/2018	Common Stock	5,032	\$ 32.485	D	Â
Non-Qualified Stock Option (right to buy)	02/27/2010 ⁽³⁾	01/27/2020	Common Stock	27,415	\$ 37.04	D	Â
Non-Qualified Stock Option (right to buy)	02/28/2011 ⁽³⁾	01/31/2021	Common Stock	36,225	\$ 69.34	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				Other
	Director	10% Owner	Officer		
Posard Matthew L. 5200 ILLUMINA WAY SAN DIEGO, CA 92122	Â	Â	Â	Sr VP & GM, Consumer Genomics	Â

Signatures

By: Scott M. Davies For: Matthew L. Posard 03/07/2012

__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) Includes 8,636 unvested restricted stock units which vest as follows: 1,512 shares vest on 1/27/12; 1,960 shares vest on 1/28/12; 800 shares vest on 1/31/12; 1,764 shares vest on 1/27/13; 1,200 shares vest on 1/31/13; 1,400 shares vest on 1/31/14.

(2) One -sixtieth (1/60) of the Shares subject to the Option become exercisable on the date indicated above, subject to Optionee's continuing to be a Service Provider on such date. An additional one -sixtieth (1/60) of the Shares subject to the Option shall become exercisable each full month thereafter, subject to Optionee's continuing to be a Service Provider on such date.

(3) One forty-eighth (1/48) of the Shares subject to the Option become exercisable on the date indicated above, subject to Optionee's continuing to be a Service Provider on such date. An additional one-forty eighth (1/48) of the Shares subject to the Option shall become exercisable each full month thereafter, subject to Optionee's continuing to be a Service Provider on such date.

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.