ILLUMINA INC
Form 3
December 14, 2015

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 *
Â ORPIN TRISTAN
(Last) (First) (Middle)

5200 ILLUMINA WAY
(Street)

SAN DIEGO,Â CAÂ 92122
(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
12/07/2015

3. Issuer Name **and** Ticker or Trading Symbol
ILLUMINA INC [ILMN]

4. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
_____ Director
_____ 10% Owner
__X__ Officer (give title below)
_____ Other (specify below)
EVP Clinical Genomics

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)
Common Stock (1) (2)	99,427	D	Â

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)		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			

				Shares		(I) (Instr. 5)	
Non-qualified Stock Option (Right to Buy)	02/27/2010(3)	01/27/2020	Common Stock	35,000	$ 37.04	D	Â
Non-qualified Stock Option (Right to Buy)	02/28/2011(3)	01/31/2021	Common Stock	5,000	$ 69.34	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ORPIN TRISTAN 5200 ILLUMINA WAY SAN DIEGO,Â CAÂ 92122	Â	Â	Â EVP Clinical Genomics	Â

Signatures

By: Scott M. Davies for Tristan B. Orpin	12/14/2015
**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 38,955 unvested performance stock units, which represent contingent right to receive one share of common stock based on the Company's earnings per share for fiscal years ending 1/3/16 (24,000 shares), 1/1/17 (8,438 shares), 12/31/17 (6,517 shares). Number of shares issued will range from 0% to 150% of the amount specified based on the Company's actual earnings per share for each fiscal year, relative to pre-defined objectives.

(2) Includes 7,716 unvested restricted stock units which vest as follows: 2,036 vesting 1/29/16, 1,312 vesting 3/8/16, 543 vesting 11/5/16, 2,036 vesting 1/29/17, 543 vesting 11/5/17, 703 vesting 1/29/18, 543 vesting 11/5/18.

(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 theraftер, 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.