Edgar Filing: CareDx, Inc. - Form 4

CareDx, Inc. Form 4 April 05, 201	.6											
FORM	$ 4 _{\text{UNITED}}$	TATES SEC	IDITIES A	ND EV(• • • • •	NCE	COMMISSION	т	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH						NERSHIP OF	Estimated average 2005					
	Section 16. SECURITIES							burden hou	irs per			
Form 4 or Form 5		suant to Section	16(a) of th	e Securiti	es Fr	vchano	ge Act of 1934,	response	onse 0.5			
obligation	¹⁸ Section $17(s$						of 1935 or Sectio	n				
may cont See Instru	inue.	30(h) of the	•	•	- ·							
1(b).												
(Print or Type Responses)												
1 Nama and A	diana af Danastina I) *					5 Deletienshin et	6 D				
Goldberg Michael Symbol				r Name and Ticker or Trading			5. Relationship of Issuer	r Keporting Per	son(s) to			
				Dx, Inc. [CDNA]								
			of Earliest Transaction			(Check all applicable)						
			nth/Day/Year)			_X_ Director 10% Owner						
C/O CAREDX, INC., 3260 04/01/20				016 <u>—</u> Officer (give below)			e title Oth below)	er (specify				
BAYSHORE BOULEVARD												
			f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check					
rned(Mon				ionin/Day/rear)				Applicable Line) _X_ Form filed by One Reporting Person				
BRISBANE	, CA 94005						Form filed by M Person	More than One R	eporting			
(City)	(State)	(Zip) T	able I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned			
1.Title of	2. Transaction Date		3.				5. Amount of	6. Ownership				
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			, if Transacti Code	ionAcquired Disposed			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
							Owned	Indirect (I)	Ownership			
							Following Reported	(Instr. 4)	(Instr. 4)			
					(A) or		Transaction(s)					
			Code V	Amount		Price	(Instr. 3 and 4)					
Common Stock	04/01/2016		А	5,422 (1)	А	\$0	48,876	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)

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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. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

	Difector	1070 Owner	Officer	Offici
Goldberg Michael C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005	Х			
Signatures /s/ Ken Ludlum as attorney-in-fact f	or Micha	el	04/	/05/2016
Goldberg			04/	03/2010

**Signature of Reporting Person

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).

Relationships

Officer

1007 0-----

Represents an automatic, quarterly grant of common stock to the reporting person in lieu of cash for non-employee director compensation (1) pursuant to the issuer's Outside Director Compensation Policy.

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.

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Date