### Edgar Filing: HOLOGIC INC - Form 4

HOLOGIC I	NC										
Form 4											
March 03, 20											
FORM	4									PPROVAL	
	- UNITE	ED STATE		hington,			NGE	COMMISSION		3235-0287	
Check thi	s box		vv as	anngton,	D.C. 203	949			Number:	January 31,	
if no longer STATEMENT OF CHANGES IN				GES IN I	S IN BENEFICIAL OWNERSHIP OF				Expires:	2005	
Section 16. SECURITIES				CIII			Estimated average				
	Form 4 or						burden hours per response 0.5				
Form 5	Filed	pursuant to	Section 10	6(a) of the	e Securiti	es Ex	chang	ge Act of 1934,	reepeneen		
obligatior may conti		17(a) of the	Public Ut	ility Hold	ling Com	pany	Act o	of 1935 or Sectio	n		
See Instru 1(b).		30(h)	) of the Inv	vestment	Company	y Act	of 19	40			
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <u>*</u> Griffin John M.			2. Issuer Name <b>and</b> Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			HOLOGIC INC [HOLX]					(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	ansaction						
35 CROSBY DRIVE			(Month/Day/Year)			Director 10% Owner X_ Officer (give title Other (specify					
55 CROSD I	DRIVE		03/01/20	)15				below)	below) eneral Counsel	or (speeny	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
BEDFORD,	MA 01730							_X_ Form filed by M Form filed by M Person	One Reporting Porting Porting Portion of the Report of the		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y			Transactio	onAcquired			Securities	Form: Direct		
(Instr. 3)		any (Month	(Doy/Veor)	Code	Disposed of (D) (Instr. 3, 4 and 5)		•	(D) or Indirect (I)	Beneficial Ownership		
		(Monu)	(Day/Tear)	(11150. 0)	(111501.5,	4 anu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(mout 5 and 4)			
Common								0	D		
Stock											

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)

#### Edgar Filing: HOLOGIC INC - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified Stock Option (Right to Buy)	\$ 32.38	03/01/2015		А	10,665	<u>(1)</u>	03/01/2025	Common Stock	10,6
Non-qualified Stock Option (Right to Buy)	\$ 32.38	03/01/2015		А	13,865	<u>(1)</u>	03/01/2025	Common Stock	13,8

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Griffin John M.								
35 CROSBY DRIVE			General Counsel					
BEDFORD, MA 01730								
Signatures								
/s/ Alisha Hankins, Attorney-Ir Griffin	03/03/2015							

#### 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).

(1) The option, issued pursuant to the 2008 Equity Incentive Plan, becomes exercisable in five equal annual installments beginning March 1, 2016.

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.