MUIR GLENN P Form 4 October 02, 2002 SEC Form 4

FORM 4	UNIT	ED STATES SECURI COMMIS	OMB APPROVAL				
[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursu	Washington, I FEMENT OF CHANGES IN ant to Section 16(a) of the Sec 17(a) of the Pi	OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5				
	Holding Con	npany Act of 1935 or Section 3 1940	any Act of				
1. Name and Address of Repor Person* Muir, Glenn P. (Last) (First) (Middle) c/o Hologic, Inc. 35 Crosby Drive	rting	2. Issuer Name and Ticker or Trading Symbol Hologic, Inc. HOLX	 4. Statement for Month/Day/Year 10/01/2002 5. If Amendment, 	to Issuer	(Check all applicable) or _ 10% Owner r (give title below) _ Other		
(Street) Bedford, MA 01730 (City) (State) (Zip)		3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	Date of Original (Month/Day/Year)	Finance7. Individ7. IndividFilingXXFormPersonForm	Description Executive VP Finance & CFO Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		

		Table I - Non-I	Derivat	ive Sec	curiti	ies Acqu	ired, D	ispose	d of, or Beneficially	y Owned		
 Title of Security (Instr. 3) 	2.Transaction Date (Month/Day/Yea	Execution D ar) any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acc n(A) or Disposed (Instr. 3, 4, an		Beneficially Owned Following	6. Owner- ship Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					v	Amoun	t A/D	Price	Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$.01 par value	10/1/02			М		4,000	A	\$2.37	5			
								\$	25,174	D		
					Та				urities Acquired, Dis, warrants, option		•	Owned
1. Title of Derivative Security (Instr. 3)	2. Conver sion or Exercis Price of	Transaction e Date	3A. Deen Exec Date,	ned ution	4. Trar Cod	nsaction[e	. Numb Derivativ Securi Acquired	e ties	6. Date Exercisable and Expiration Date(I (Month/Day/Year	ED)	7. Title and Amour of Underlying Securities	nt 8. Price of Deri Sect

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	Deri- vative Security	(Month/ Day/ Year)	any (Month/ Day/ Year)	(Instr.8)		or Disposed Of (D) (Instr. 3, 4 and 5)				(Instr. 3 and 4)		(Instr.5)
				Code	V	A	D	DE	ED	Title	Amount or Number of Shares	
Option*(Right to buy)	\$2.375	10/1/02		м			4,000	2/16/1994	2/16/2003	COMMON STOCK	8,000	\$
Option*(Right to buy)	\$1.875							12/21/1994	12/21/2003	COMMON STOCK	10,000	\$
Option*(Right to buy)	\$6.1875							1/1/1996***	4/4/2005	COMMON STOCK	8,000	\$
Option**(Right to buy)	\$8.25							1/1/1996	6/28/2005	COMMON STOCK	60,000	\$
Option**(Right to buy)	\$13.125							5/5/1999	5/5/2007	COMMON STOCK	20,000	\$
Option**(Right to buy)	\$13.125							12/15/1998***	12/15/2007	COMMON STOCK	20,000	\$
Option**(Right to buy)	\$6.00							12/8/2000***	12/8/2009	COMMON STOCK	25,000	\$
Option**(Right to buy)	\$6.9375							5/9/2001	11/9/2010	COMMON STOCK	15,000	\$
Option**(Right to buy)	\$5.00							1/25/2001***	10/25/2010	COMMON STOCK	5,000	\$
Option**(Right to buy)	\$5.78							10/31/2001***	7/31/2011	COMMON STOCK	50,000	\$
Option**(Right to buy)	\$5.05							10/1/2002***	10/1/2011	COMMON STOCK	1,000	\$
Option**(Right to buy)	\$10.26							11/13/2002***	11/13/2011	COMMON STOCK	50,000	\$
Option**(Right to buy)	\$9.50							9/17/2003***	9/17/2012	COMMON STOCK	75,000	\$
	\$											\$

Explanation of Responses:

*Employee Stock Option granted under the Hologic, Inc. 1986 Combination Stock Option Plan

**Employee Stock Option

***Subject to vesting schedule

By: /s/ Glenn P. Muir

10/02/2002

** Signature of Reporting Person

Date

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SEC 1474 (8-02)

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

 * 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).

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.