Edgar Filing: PERKINELMER INC - Form 4

| PERKINELN | AER INC | | | | | | | | | | |
|--|---------------------|--|-------------------------------|------------|-------------|---|--|--|---|--|--|
| Form 4 | | | | | | | | | | | |
| September 06 | 5, 2006 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check thi | | | | | | | | Expires: | January 31 | | |
| if no longer subject to STATEMENT OF CHANG | | | | | ICIA | LOW | NERSHIP OF | Estimated a | 2005 average | | |
| Section 1 | б. | SECURITIES | | | | | | burden hours per | | | |
| Form 4 or Form 5 | | | | | | | | response 0.8 | | | |
| obligation | - | suant to Section | | | | - | | | | | |
| may conti <i>See</i> Instru 1(b). | nue. Section 17(a | a) of the Public 1 30(h) of the 1 | | - | ~ - | | | 1 | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| ERICKSON TAMARA J Symbol PERK | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | E. | N IJ | | (Check all applicable) | | | | |
| | | | Date of Earliest Transaction | | | | X Director | 100 | 0 | | |
| | | | Day/Year) 2006 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | |
| | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | onth/Day/Yea | r) | | | Applicable Line) | | | | |
| WELLESLE | EY, MA 02481 | | | | | | _X_ Form filed by C Form filed by M Person | | | | |
| (City) | (State) | (Zip) Ta | ble I - Non-I | Derivative | Secur | ities Aca | uired. Disposed of | or Beneficial | lv Owned | | |
| 1.Title of | 2. Transaction Date | 14 | 3. | 4. Securi | | _ | quired, Disposed of, or Beneficially Owned5. Amount of6. Ownership7. Nature of | | | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any (Month/Day/Year | Code | | | | Beneficially Owned | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 09/01/2006 | | S | 1,500 | D | \$ 18.49 | 17,052 | 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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. orNumb | per | 6. Date Exerce Expiration Date | | 7. Title Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|------------------|--------------------|--|-----|-----------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Tear) | (Month/Day/Year) | Code (Instr. 8) | of Deriva Securi Acqui (A) or Dispos of (D) (Instr. | • | | | Under Securi | lying | Security (Instr. 5) | Secur Bene Owno Follo Repo Trans (Instr |
| | | | | Code V | (A) (| (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ERICKSON TAMARA J 45 WILLIAM STREET WELLESLEY, MA 02481 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ John L. Healy (POA on file) Erickson | 09/06/2006 | | | | | | | |
| <u>**</u> Signature of Reporting P | Date | | | | | | | |

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).

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.