Edgar Filing: Miller Vincent A. - Form 4

Miller Vince Form 4											
July 05, 201										PROVAL	
FORM	UNITEL) STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP SECURITIES					Expires: January Extimated average burden hours per response		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	7(a) of the l	Public U		ding Co	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type)	Responses)										
			2. Issuer Name and Ticker or Trading Symbol Foundation Medicine, Inc. [FMI]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) <u>below</u>) Chief Medical Officer			
				Amendment, Date Original d(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 			
CAMBRID	GE, MA 02141							Person	ore than One Re	porung	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	iired, Disposed of,	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	isposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/02/2018			S	2,909 (1)	D	\$ 136.66	67,179 <u>(2)</u>	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

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Reporting Owner Name / Address	Ketauonsnips							
	Director	10% Owner	Officer	Othe				
Miller Vincent A. 150 SECOND STREET C/O FOUNDATION MEDICINE, INC. CAMBRIDGE, MA 02141			Chief Medical Officer					
Signatures								
Robert W. Hesslein, as Attorney-in-Fact	for Vince	nt A.						
Miller			07/05/2018					
<u>**</u> Signature of Reporting Person			Date					
Explanation of Respons	ses:							

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- * 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).

Represents the number of shares required to be sold by the reporting person to cover the tax withholding obligation in connection with the vesting of restricted stock units on July 1, 2018. This sale is mandated by the Issuer's election under its equity incentive plans to require (1) the reporting person to fund this tax withholding obligation by completing a "sell to cover" transaction with a brokerage firm designated by the Issuer. This sale does not represent a discretionary trade by the reporting person.

The reporting person previously reported restricted stock units granted to the reporting person on (1) April 1, 2016 in Table I of the Form 4 filed on April 6, 2016, (2) May 1, 2017 in Table I of the Form 4 filed on May 3, 2017 and (3) April 1, 2018 in Table I of the Form 4

(2) filed on April 3, 2018. As such, no adjustment to the reporting person's beneficial interest needs to be made to reflect the vesting events related to this securities sale.

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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