HOLOGIC INC Form 4 June 05, 2015

## FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Expires: January 31, 2005

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Valenti Peter J. III			2. Issuer Name <b>and</b> Ticker or Trading Symbol HOLOGIC INC [HOLX]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)			
35 CROSBY DRIVE			(Month/Day/Year) 06/03/2015	Director 10% OwnerX Officer (give title Other (specify below)  Division Pres., Breast Health			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
BEDFORD, MA 01730			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit oner Dispos (Instr. 3, 4	ed of (	` ′	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	06/03/2015		M	7,765	A	\$ 23.82	10,023	D	
Common Stock	06/03/2015		D	10,023	D	\$ 36.455	0	D	

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

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SEC 1474

(9-02)

(1)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	An or Nu of Sh
Non-qualified Stock Option (Right to Buy)	\$ 23.82	06/03/2015		M	7,765	05/26/2015(2)	05/26/2021	Common Stock	7

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Valenti Peter J. III 35 CROSBY DRIVE BEDFORD, MA 01730

Division Pres., Breast Health

### **Signatures**

2015.

/s/ Anne M. Liddy, Attorney-in-fact for Peter J. Valenti, III

06/04/2015

\*\*Signature of Reporting Person

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).
- The price reported is the weighted average price per share. Shares were sold in multiple transactions at prices ranging from \$36.452 to (1) \$36.456 per share. The Reporting Person will provide, upon request by the Commission staff, the Issuer, or a securityholder of the Issuer,
- full information regarding the number of shares sold at each price.

  The option, issued pursuant to the 2008 Equity Incentive Plan, becomes exercisable in five equal annual installments beginning May 26,

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.

Reporting Owners 2