Edgar Filing: Williamson Steve S - Form 4

| Williamson S Form 4 | teve S | | | | | | | | | | | |
|--|---------------------------------------|---|---|--|---------------------|--|----------------|---|---|--|---|--|
| November 12 | , 2010 | | | | | | | | | | | |
| FORM | 4 UNITED | STATES | | | | | | NGE (| COMMISSION | | PPROVAL 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed pur Section 17(| Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| Williamson Steve S S | | | 2. Issuer Name and Ticker or Trading Symbol HOLOGIC INC [HOLX] | | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) 3, D (Mo 35 CROSBY DRIVE 11/ (Street) 4. If | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2010 | | | | | (Check all applicable) <u>Director</u> 10% Owner <u>X</u> Officer (give title Other (specify below) SVP, GYN Surgical | | | | |
| | | | | . If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BEDFORD, | MA 01730 | | | | | | | | Form filed by Person | | | |
| (City) | (State) | (Zip) | Table | I - Non- | Der | ivative S | ecuri | ties Aco | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year) |) Execution any | emed on Date, if 'Day/Year) | 3. Transac Code (Instr. 8 | ction/ I 3) (| 4. Securit Acquired Disposed (Instr. 3, Amount | (A) o 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 (1) | 11/10/2010 | | | А | 4 | 5,202 | А | \$0 | 53,266 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | TransactionDerivativeExCodeSecurities(M) | | Expiration Date | | 7. Title and Amour Underlying Securit (Instr. 3 and 4) | |
|---|---|---|---|--|--|---------------------|--------------------|-----------------|--|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Sh | |
| Non-Qualified Stock Option (right to buy) | \$ 16.82 | 11/10/2010 | | А | 42,827 | (2) | 11/10/2017 | Common Stock | 42,8 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-------------|------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Williamson Steve S 35 CROSBY DRIVE BEDFORD, MA 01730 | | | SVP, GYN Surgica | 1 | | | |
| Signatures | | | | | | | |
| By: Mark J. Casey, Attorney-In Williamson | n-Fact For | r: Steve S. | 11/12 | /2010 | | | |

**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).
- (1) These shares represent restricted stock units (RSUs) awarded to the Reporting Person pursuant to the 2008 Equity Incentive Plan and are subject to vesting as provided in the agreement evidencing the award.
- (2) The option, issued pursuant to the 2008 Equity Incentive Plan, becomes exercisable in five equal annual installments beginning November 10, 2011.

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.