

LCS L/S, LLC
Form 3
October 24, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â LEVIN CAPITAL
STRATEGIES, L.P.

(Last) (First) (Middle)

595 MADISON
AVENUE,Â 17TH FLOOR

(Street)

NEW YORK,Â NYÂ 10022

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
10/14/2016

3. Issuer Name **and** Ticker or Trading Symbol
FLUIDIGM CORP [FLDM]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director ____X__ 10% Owner
____ Officer ____X__ Other
(give title below) (specify below)
Passive Investor

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
____ Form filed by One Reporting Person
__X__ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)2. Amount of Securities Beneficially Owned
(Instr. 4)3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)4. Nature of Indirect Beneficial Ownership
(Instr. 5)Common Stock (1) (2)

51,068

I

By: Levin Capital Trilogy Master Fund, Ltd. (3)Common Stock (1) (2)

22,453

I

By: Levcap Alternative Fund, L.P. (4)Common Stock (1) (2)

9,252

I

By: Safinia Partners, L.P. (5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: LCS L/S, LLC - Form 3

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LEVIN CAPITAL STRATEGIES, L.P. 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
Levin Capital Strategies GP, LLC 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
Levin Capital Trilogy Master Fund, Ltd. 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
LCS, LLC 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
Levcap Alternative Fund, L.P. 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â	â	Passive Investor
LCS Event Partners, LLC 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
Safinia Partners, L.P. 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor
LCS L/S, LLC 595 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10022	â	â X	â	Passive Investor

Explanation of Responses:

- ## Signatures

Edgar Filing: LCS L/S, LLC - Form 3

Shares owned directly by Safinia. LCSLS, as the general partner of Safinia, may be deemed to share voting and dispositive power over the shares owned directly by Safinia. LCS, as the investment advisor of Safinia, may be deemed to share voting and dispositive power over the shares owned directly by Safinia. Mr. Levin, as the Chief Executive Officer of LCS, may be deemed to share voting and dispositive power over the shares owned directly by Safinia.

^

Remarks:

As^ the^ investment^ manager^ to^ certain^ managed^ accounts^ (the^ "Managed^ Accounts"),^ LCS^ may^ be^ de

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.