Edgar Filing: Wilson Frank Anders - Form 4

Wilson Frank	Anders										
Form 4	2010										
February 11, 2											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							r	OMB APPROVAL		
_	UNITE	DSIAIL					IGE (201011011551011	OMB Number:	3235-0287	
Check this	Check this box Washington, D.C. 20549								January 31,		
if no longer which to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH						NERSHIP OF	Expires:	2005			
subject to Section 16							Estimated average				
Form 4 or				520011					burden hours per response 0.5		
Form 5										0.0	
obligation may contin		17(a) of the	Public Ut	ility Hold	ling Com	pany	Act of	f 1935 or Sectio	n		
See Instruc		30(h)) of the In	vestment	Company	Act	of 194	40			
1(b).											
(Print or Type Ro	esponses)										
(
1. Name and Ad	ldress of Reporti	ing Person [*]	2. Issuer	Name and	Ticker or T	rading	g	5. Relationship of	f Reporting Pers	son(s) to	
Wilson Frank	k Anders		Symbol				-	Issuer			
	PERKIN	VELMER	INC [PK	I]		(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chec	ск ан аррисаве	;)	
(M			(Month/D	(Month/Day/Year) 02/09/2010				Director	10%	Owner	
			02/09/20					XOfficer (give titleOther (specify below) below)			
								/	P, CFO & CAO		
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filir	1g(Check	
				th/Day/Year)	-			Applicable Line)			
				•				_X_ Form filed by 0			
WALTHAM	, MA 02451							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurif	ies Aco	uired, Disposed of	f. or Beneficial	lv Owned	
1.Title of	2 Transaction	Date 24 Dec		3.			-		6. Ownership	-	
Security		. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of				Form: Direct	Indirect	
(Instr. 3)	`` `	any	Code (D)					•	Indirect (I) Owner	Beneficial	
		(Month	/Day/Year)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following		Ownership (Instr. 4)	
								Reported	(Instr. 4)	(11150.4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	02/09/2010				13,276	A	\$0	20.416	D		
Stock	02/09/2010			А	(1)	A	φU	20,416	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)	5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities 4)	8 1 2 (
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
NQ Stock Option (right to buy)	\$ 21.01	02/09/2010		A	46,611	<u>(2)</u>	02/09/2017	Common Stock	46,611	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Wilson Frank Anders 940 WINTER STREET WALTHAM, MA 02451			SVP, CFO & CAO					
Signatures								
/s/ John L. Healy (POA on file) Wilson	k Anders	02/11/2010						
<u>**</u> Signature of Reportin		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) Shares are time-based restricted stock that will vest in full on the third anniversary of the date of grant.
- (2) This option vests in three equal annual installments, beginning one year from the grant date, and may be exercised at any time after vesting and before the expiration date.

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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