#### KISH TIMOTHY M

Form 4

March 03, 2005

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

1(b).

(Last)

may continue. See Instruction

**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 \* KISH TIMOTHY M

(First) (Middle)

(Street)

9885 TOWNE CENTRE DR

SAN DIEGO, CA 92121

2. Issuer Name and Ticker or Trading

Symbol

ILLUMINA INC [ILMN]

3. Date of Earliest Transaction (Month/Day/Year)

03/02/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X\_ Officer (give title Other (specify

below) VP Finance & CFO

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following

Transaction(s) (Instr. 3 and 4)

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4) (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if any

5. Number of 4. **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Ar Underlying Se (Instr. 3 and 4)

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Price of (Instr. 3) (Month/Day/Year) (Instr. 8) Acquired (A) Derivative Security

(D) (Instr. 3, 4, and 5)

or Disposed of

Code V (A) (D) Date Exercisable Expiration

Title Date

Non-Qualified

Common **Stock Option** \$ 8.24 03/02/2005 03/02/2005 Α 70,000 04/02/2005(1) 03/02/2015 Stock (right to buy)

**Reporting Owners** 

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

KISH TIMOTHY M 9885 TOWNE CENTRE DR SAN DIEGO, CA 92121

**VP Finance & CFO** 

### **Signatures**

Timothy M. 03/03/2005 Kish

\*\*Signature of Date Reporting Person

# **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).

One -sixtieth (1/60) of the Shares subject to the Option become exercisable on the date indicated above, subject to Optionee's continuing (1) to be a Service Provider on such date. An additional one -sixtieth (1/60) of the Shares subject to the Option shall become exercisable each full month therafter, subject to Optionee's continuing to be a Service Provider on such 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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