Edgar Filing: FLUIDIGM CORP - Form 4

Common

Stock

11/20/2014

FLUIDIGM Form 4	CORP									
November 24	4, 2014									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL				
	UIIILL	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287	
Check th if no long subject to Section 1	ger STATE 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: Estimated a burden hou	rs per	
Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	Filed pu ns Section 17 inue.	(a) of the	Public U	tility Hold	ding Con	U U	e Act of 1934, f 1935 or Section 40	response	0.5	
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> Smith William Maxwell			2. Issuer Name and Ticker or Trading Symbol FLUIDIGM CORP [FLDM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(Check	к ан аррисабіе	;)		
FLUIDIGM CORPORATION, 7000 SHORELINE COURT, SUITE 100			(Month/Day/Year) 11/20/2014			Director 10% Owner X Officer (give title Other (specify below) below) EVP, LEGAL AFFAIRS & GC				
				led(Month/Day/Year) Applicable Li _X_ Form file			Applicable Line) _X_ Form filed by C	by One Reporting Person		
SOUTH SA FRANCISC	N 20, CA 94080						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	on(A) or Di (Instr. 3, 4	ies Acquired sposed of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

Code V Amount (D)

350

Price

858

(1)

А

Common Stock 11/20/2014 F 132 D $\frac{$}{30.72}$ 726

Μ

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.

D

D

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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)	a 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	11/20/2014		М	350	(2)	(2)	Common Stock	350	\$ C

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Smith William Maxwell FLUIDIGM CORPORATION 7000 SHORELINE COURT, SUITE 100 SOUTH SAN FRANCISCO, CA 94080			EVP, LEGAL AFFAIRS & GC			

Signatures

/s/ Valerie Barnett,	
attorney-in-fact	11/24/2014
<u>**Signature of Reporting Person</u>	Date

**Signature of 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).
- (1) Each Restricted Stock Unit represents the contingent right to receive one share of FLDM common stock upon vesting of the unit.

On March 14, 2014, the Reporting Person was granted 5,600 Restricted Stock Units of which 4/48th of the total number of shares underlying the Restricted Stock Units granted vested on May 20, 2014, and 3/48th of the total number of shares underlying the Restricted

(2)Stock Units granted will vest every three months thereafter until fully vested, subject to recipient's continued status as a Service Provider as defined in the Company's 2011 Equity Incentive Plan through the applicable vest 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.