Foundation Medicine, Inc.

Form 4 July 17, 2015

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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

See Instruction 1(b).

(Print or Type Responses)

| Daly David              |         |          | Symbol                                  | Issuer                    |               |  |  |
|-------------------------|---------|----------|---|---------------------------|---------------|--|--|
|                         |         |          | Foundation Medicine, Inc. [FMI]         | (Check all application)   | l applicable) |  |  |
| (Last)                  | (First) | (Middle) | 3. Date of Earliest Transaction         | , and the same of         |               |  |  |
|                         |         |          | (Month/Day/Year)                        | Director 1                | 10% Owner     |  |  |
| C/O FOUND               | ATION M | EDICINE, | 07/15/2015                              | _X_ Officer (give title ( |               |  |  |
| INC., 150 SECOND STREET |         |          | *************************************** | below) below)             |               |  |  |
|                         |         |          |   | Chief Commercial (        | Officer       |  |  |

2. Issuer Name and Ticker or Trading

(Street)

1. Name and Address of Reporting Person \*

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

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

5. Relationship of Reporting Person(s) to

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

CAMBRIDGE, MA 02141

| (City)                               | (State)   | (Zip) <b>Tabl</b> | e I - Non-D                             | erivative S                                      | Securi           | ties Acqu      | ired, Disposed of  | , or Beneficiall                              | y Owned   |
|--------------------------------------|---|-------------------|---|--|------------------|----------------|--|---|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) |                   | 3.<br>Transaction<br>Code<br>(Instr. 8) | Transaction(A) or Dispo<br>Code (Instr. 3, 4 and |                  | of (D)         | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 07/15/2015  |                   | Code V                                  | Amount 23,190 (1)                                | (A)<br>or<br>(D) | Price \$ 32.74 | Reported Transaction(s) (Instr. 3 and 4) 48,190                  | (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)

#### Edgar Filing: Foundation Medicine, Inc. - Form 4

|                                      | 2.  | 3. Transaction Date |   | 4.                             | 5.   | 6. Date Exerc       |                    | 7. Titl                            |  | 8. Price of                          | 9. Nu   |
|--------------------------------------|---|---------------------|---|--------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if any (Month/Day/Year) | Transact<br>Code<br>(Instr. 8) | orNumber<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | <b>:</b>            |                    | Amou<br>Under<br>Securi<br>(Instr. | lying                                  | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |   |                     |   | Code V                         | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title                              | Amount<br>or<br>Number<br>of<br>Shares |                                      |   |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Daly David C/O FOUNDATION MEDICINE, INC. 150 SECOND STREET CAMBRIDGE, MA 02141

Chief Commercial Officer

#### **Signatures**

/s/ Jason Ryan, as Attorney-in-Fact for David Daly

07/17/2015

\*\*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) Represents restricted stock units issued pursuant to a Restricted Stock Unit Award Agreement and the Issuer's 2013 Stock Option and Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The restricted stock units vest (i) with respect to 33% of the units, on June 30, 2016, (ii) with respect to 33% of the units, on December 30, 2016, and (iii) with respect to any remaining unvested units, on June 30, 2017.

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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