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Hoffmeister Form 4 April 03, 20 FORN	13 Л Д	STATES					NGE (COMMISSION	-	NPPROVAL 3235-0287	
Check this box Check this box Check this box								January 31, 2005 average urs per			
	Address of Reporting	Person <u>*</u>	Symbol	r Name and				5. Relationship of Issuer	f Reporting Per	rson(s) to	
(Last) (First) (Middle) 5791 VAN ALLEN WAY			Life Technologies Corp [LIFE] 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2013				()	(Check all applicable) <u>X</u> Officer (give title <u>10%</u> Owner Other (specify below) Chief Financial Officer			
				nendment, Date Original Ionth/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 			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Date, if Transaction(A) or Disposed of (D) Securities Ownership In Code (Instr. 3, 4 and 5) Beneficially Form: Direct E V/Year) (Instr. 8) Owned (D) or C Following Indirect (I) (Instr. 4) (A) Transaction(s) Transaction(s)					7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Stock (1)	04/01/2013	04/01/20	013	М	9,383	А	ф 64.57	87,257	D		
Common Stock (2)	04/01/2013	04/01/20	013	F	4,897	D	\$ 64.57	82,360	D		
Common Stock (3)	04/02/2013	04/02/20	013	М	5,112	А	\$ 65.75	87,472	D		
Common Stock (4)	04/02/2013	04/02/20	013	F	2,668	D	\$ 65.75	84,804	D		
Common Stock								15,443.15	Ι	By Employee Benefit	

Plan Trust

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)

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units (1)	\$ 0	04/01/2013	04/01/2013	М		9,383	04/01/2012	04/01/2021	Common Stock	9,383
Restricted Stock Units (3)	\$ O	04/02/2013	04/02/2013	М		5,112	04/02/2013	04/04/2016	Common Stock	5,112

Reporting Owners

Reporting Owner Name / Address	Relationships							
I O	Director	10% Owner	Officer	Other				
Hoffmeister David F 5791 VAN ALLEN WAY CARLSBAD, CA 92008			Chief Financial Officer					
Signatures								
/s/ David L. Szekeres, POA	04/03/2	2013						
**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) Vesting of shares under Restricted Stock Unit grant #F101524.
- (2) Shares withheld to cover tax liability from vesting of Restricted Stock Unit grant #F101524. The 4,486 net shares remaining after such withholding were not traded in this transaction.
- (3) Vesting of shares under Restricted Stock Unit grant #F120006.
- (4) Shares withheld to cover tax liability from vesting of Restricted Stock Unit grant #F120006. The 2,444 net shares remaining after such withholding were not traded in this transaction.

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.