INVITROGEN CORP Form 3 November 17, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Brust Bernd			2. Date of Event Requ Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol INVITROGEN CORP [IVGN]					
(Last)	(First) (I	Middle)	11/13/2006		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
1600 FARAD	AY AVENU	UE					`			
(Street) CARLSBAD, CA 92008				(Check	(Check all applicable)		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
				X Officer (give title below	Director 10% Owner XOfficerOther ve title below) (specify below) GM VP EU Commercial Ops					
(City)	(State)	(Zip)	Table	I - Non-Derivat	tive Securi	ties Be	eneficially (Owned		
1.Title of Securit (Instr. 4)	у			unt of Securities cially Owned }	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		tture of Indired ership :. 5)	ct Beneficial		
Reminder: Report owned directly or	•	line for ea	ch class of securities be	neficially S	EC 1473 (7-0)2)				
	informati required	ion conta to respo	oond to the collectio ained in this form are nd unless the form o MB control number.	e not						
Tal	ble II - Deriva	tive Secu	rities Beneficially Own	ed (e.g., puts, calls,	, warrants, o	ptions, o	convertible se	curities)		
1. Title of Deriva (Instr. 4)	tive Security		tion Date S ny/Year) I	3. Title and Amount Securities Underlyin Derivative Security Instr. 4)	g Conv or Ex Price	version tercise of vative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Security:

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Incentive Stock Option (right to buy)	(1)	06/15/2014	Common Stock	1,168	\$ 64.17	D	Â
Incentive Stock Option (right to buy)	(1)	11/14/2015	Common Stock	60	\$ 64.51	D	Â
Incentive Stock Option (right to buy)	(1)	05/12/2016	Common Stock	1,518	\$ 65.87	D	Â
Incentive Stock Option (right to buy)	(1)	02/17/2014	Common Stock	3,606	\$ 76.24	D	Â
Incentive Stock Option (right to buy)	(1)	05/13/2015	Common Stock	1,250	\$ 76.86	D	Â
Non-Qualified Stock Option (right to buy)	(1)	06/15/2014	Common Stock	17,582	\$ 64.17	D	Â
Non-Qualified Stock Option (right to buy)	(1)	11/14/2015	Common Stock	4,940	\$ 64.51	D	Â
Non-Qualified Stock Option (right to buy)	(1)	05/12/2016	Common Stock	13,482	\$ 65.87	D	Â
Non-Qualified Stock Option (right to buy)	(1)	02/17/2014	Common Stock	13,583	\$ 76.24	D	Â
Non-Qualified Stock Option (right to buy)	(1)	05/13/2015	Common Stock	3,750	\$ 76.86	D	Â
Restricted Share Units	(2)	(<u>3)</u>	Common Stock	5,500	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Brust Bernd 1600 FARADAY AVENUE CARLSBAD, CA 92008	Â	Â	GM VP EU Commercial Ops	Â		

Signatures

Bernd Brust	11/17/2006		
<u>**</u> Signature of Reporting Person	Date		

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) Option vesting is over a 4 year period, vesting 25% on each anniversary of the grant date, contingent upon continued service to Invitrogen.

(2) The restricted share units shall vest 100% on the third anniversary of the grant date.

(3)

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Once vested, restricted share units do not expire. They can be converted into shares of Invitrogen common stock upon the termination of service.

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.