## Edgar Filing: FLUIDIGM CORP - Form 4

Form 4	(P								
August 11, 2016 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	<b>STATEN</b> Filed pur Section 17(	<b>MENT OF</b> rsuant to S (a) of the F	Wa F CHAN ection 1 Public U	RITIES AND EX Ishington, D.C. 20 NGES IN BENEF SECURITIES 16(a) of the Securi Itility Holding Con Investment Compan	<b>ICIAL OV</b> ties Exchan npany Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	V OMB Number: Expires: Estimated burden hou response.	urs per	
(Print or Type Respo	nses)								
Linthwaite Stephen Christopher Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol FLUIDIGM CORP [FLDM]			5. Relationship of Reporting Person(s) to Issuer			
			3. Date of Earliest Transaction (Month/Day/Year) 08/09/2016			(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X</u> Officer (give title <u></u> Other (specify below) President & COO			
SOUTH SAN FRANCISCO, C	(Street) CA 94080			endment, Date Origina onth/Day/Year)	al	6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P	erson	
(City)	(State)	(Zip)	Tab	le I - Non-Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
	ansaction Date nth/Day/Year)	Execution any	Date, if	<ul> <li>3. 4. Securit</li> <li>TransactionAcquired</li> <li>Code Disposed</li> <li>(Instr. 8) (Instr. 3, 4)</li> </ul>	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (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 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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities 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 Number Shares
Employee Stock Option (Right to Buy)	\$ 9.05	08/09/2016		A	140,000	(1)	08/09/2026	Common Stock	140,00

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
Fg	Director	10% Owner	Officer	Other			
Linthwaite Stephen Christopher C/O FLUIDIGM CORPORATION 7000 SHORELINE COURT, SUITE 100 SOUTH SAN FRANCISCO, CA 94080			President & COO				
Signatures							
/s/ Jennifer Lee, as Attorney-in-fact	08/11/2016						

\*\*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).

12/48th of the total number of shares subject to the Option will vest on August 1, 2017 and 1/48th of the total shares subject to the Option will vest and become exercisable each month thereafter over the succeeding 36 months, such that the Option will be fully vested on

 (1) Will vest and become excretisable each month increated over the succeeding 56 months, such that the Option will be ruly vested on August 1, 2020, subject to the recipient's continued status as a Service Provider (as defined in the Company's 2011 Equity Incentive Plan) through each 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.