Edgar Filing: CRAWFORD SALLY - Form 4

CRAWFORD	O SALLY										
Form 4											
July 20, 2010											
FORM	4 INTED	STATES (SECUD	TTIES AT		TTAN	CE (COMMISSION		PPROVAL	
-	UNITED	SIAILS					GE (.01111115510N	OMB Number:	3235-0287	
Check this box if no longer STATEMENT OF CH				Vashington, D.C. 20549 ANGES IN BENEFICIAL OW						January 31,	
								NERSHIP OF	Expires:	2005	
subject to					SECURITIES				Estimated a burden hou	0	
	Form 4 or							response	0.5		
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
obligation may conti				•				f 1935 or Sectio	n		
See Instru		30(h) o	of the Inv	vestment	Company	Act	of 194	40			
1(b).											
(Print or Type R	esponses)										
(i iiii oi i jpe ii	esponses)										
1. Name and A	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name and	Ticker or T	rading	ŗ	5. Relationship of	Reporting Pers	son(s) to	
CRAWFORD SALLY Syn				ymbol				Issuer			
				SCIENC	ES CORI	P [EX	XAS]	(Chack all applicable)			
(Last) (First) (Middle) 3. Date			3. Date of	Date of Earliest Transaction				(Check all applicable)			
((Month/Day/Year)					_X_ Director		Owner	
C/O EXACT SCIENCES 0			07/16/2010					Difficer (give title Other (specify below) below)			
CORP., 441	CHARMANY	DRIVE							0010(0)		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MADISON	WI 52710							_X_Form filed by 0			
MADISON,	WI 53/19							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da		1						6. Ownership		
Security (Instr. 3)	(Month/Day/Year		Execution Date, if Transac			sposed	of		Form: Direct (D) or	Indirect Beneficial	
(Insu: 5)		any (Month/Da	ay/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				•	Indirect (I)	Ownership	
				Following	(Instr. 4)	(Instr. 4)					
						(A)		Reported Transaction(s)			
						or	D.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock (1)	07/16/2010			А	18,076	А	\$0	164,385	D		

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. Transactie Code (Instr. 8)	5. Number prof Derivative 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)		8. I Dei Sec (Ini
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 3.43	07/16/2010		А	7,667	(2)	07/16/2020	Common Stock	7,667	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CRAWFORD SALLY C/O EXACT SCIENCES CORP. 441 CHARMANY DRIVE MADISON, WI 53719	Х						
Signatures							
/s/ Sally Crawford by Mark R. Bus Attorney-in-Fact	sch,		07/	20/2010			
**Signature of Reporting Pers	on			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) These shares of restricted stock were issued pursuant to the Company's non-employee director compensation policy.

(2) This option vests in full on the one year anniversary of the grant 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.