Foundation Medicine, Inc.

| FORM | CORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB APPROVAL | | |
|---|--|-----------------------------|---|--|---|---|---|--------------------------|--|
| | | | washington, i | D.C. 20349 | | | OMB Number: | 3235-0104 | |
| | Fil | led pursuan on 17(a) of | t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C | TIES Securities E ng Compan | Exchange Ac y Act of 193 | t of 1934, | | • | |
| (Print or Type R | esponses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Varney Michael David | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | ne and Ticker o n Medicine, 1 | | | | |
| (Last) | (First) | (Middle) | 04/07/2015 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| FOUNDATI INC., 150 | | | | | k all applicable) | | ed (Monul/Day/1ea | u) | |
| CAMBRIDO | (Street) GE, MA | 02141 | | X Directo Officer (give title belo | Other | r Fili ow) _X Per | Form filed by Mo | ble Line) e Reporting | |
| (City) | (State) | (Zip) | Table I - I | Non-Deriva | tive Securiti | | porting Person | | |
| | Title of Security 2. Amoun | | 2. Amount o Beneficially | of Securities 3. | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Reminder: Repo owned directly o | or indirectly | | ach class of securities benefic | | SEC 1473 (7-02 | 2) | | | |
| | inforı requi | mation cont red to respo | pond to the collection of ained in this form are not ond unless the form disp MB control number. | t | | | | | |
| Т | able II - De | rivative Secu | rities Beneficially Owned (e | e.g., puts, calls | , warrants, opt | tions, convo | ertible securities | ;) | |
| 1. Title of Deriv | vative Secur | ity 2. D | ate Exercisable and 3. Title | and Amount of | of 4. | 5. | 6. Nature | e of Indirect | |

| 1. Title of Derivative Security | 2. Date Exercisable and | | 3. Title and Amount of | | 4. | 5. | 6. Nature of Indirect | |
|---------------------------------|-------------------------|--------------------|------------------------|----------------------------------|------------------------|---|-----------------------|--|
| (Instr. 4) | Expiration Da | ate | Securities Underlying | | Conversion | Ownership | Beneficial Ownership | |
| | (Month/Day/Year) | | Derivative Security | | or Exercise | Form of | f (Instr. 5) | |
| | | | (Instr. 4) | | Price of | Derivative | ative | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) | | |

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|---------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Varney Michael David FOUNDATION MEDICINE, INC. 150 SECOND STREET CAMBRIDGE, MA 02141 | ÂX | Â | Â | Â | |
| Signatures | | | | | |
| /s/ Robert W. Hesslein, as Attorney- | 04/14/2015 | | | | |

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

Varney

* 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).

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.