## Edgar Filing: EXACT SCIENCES CORP - Form 4

EXACT SCI	ENCES COR	КР										
Form 4												
July 27, 2015	5											
FORM	14									OMB AI	PPROVAL	
	UNIII	ED STATE				ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long										Expires:	January 31,	
subject to		TEMENT C	<b>OF CHAN</b>				CIAI	L OW	NERSHIP OF	Estimated a	2005 average	
Section 16.				SECURITIES						burden hou	•	
Form 4 or							_			response		
Form 5 obligation		-						-	e Act of 1934,			
may conti				•		<b>U</b>			f 1935 or Section	n		
See Instru	iction	30(h	) of the In	vestme	nt (	Company	Act	of 194	40			
1(b).												
(Print or Type R	(esponses)											
(i iiii oi i jpe ii	(05p 011000)											
1. Name and A LEVANGIE	2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
				EXACT SCIENCES CORP [EXAS]								
(Last) (First) (Middle)				3. Date of Earliest Transaction					(Check all applicable)			
(Lust)	(1130)	(ivitable)				iisactioii			X Director	10%	Owner	
				(Month/Day/Year) 07/23/2015					Officer (give		le Other (specify	
	CHARMAN		0112012						below)	below)		
	(Street)		4 If Ame	ndment	Date	e Original			6 Individual or Ic	oint/Group Filir	or (Check	
(Silect)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
					,				_X_ Form filed by C			
MADISON,	WI 53719								Form filed by N Person	Iore than One Re	porting	
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tabl	e I - Non	1-De	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.						6. Ownership		
Security	(Month/Day/Y		on Date, if Transaction(A) or Disposed of						Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			-	· /	Ownership			
		``	, , , , , , , , , , , , , , , , , , ,		,	× ,			Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
G				Code	V	Amount	(D)	Price	(insur o und 1)			
Common Stock (1)	07/23/2015			А		10,379	А	\$0	51,322	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)

					_	( <b>D D</b>				0.11
1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D		Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
						Date	Expiration	or Title Number		
						Exercisable	Date	of		
				Code V	$(\Lambda)$ (D)					
				Code V	(A) (D)			Shares		
Deme										

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
LEVANGIE DANIEL J C/O EXACT SCIENCES CORP. 441 CHARMANY DRIVE MADISON, WI 53719	Х							
Signatures								
/s/ Daniel J. Levangie by Mark R. attorney-in-fact	Busch,		07/27/2015					
<u>**</u> Signature of Reporting Pe			Date					
Evalenction of Deci								

## **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.

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.