EXACT SCIENCES CORP

Form 4 June 27, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

| (Print or Type | Responses) | | | | | | | | | | |
|---|--------------------------------------|------------------|--|---|---|--|---------------|--|--|---|--|
| 1. Name and Address of Reporting Person * ARORA MANEESH | | | 2. Issuer Name and Ticker or Trading Symbol EXACT SCIENCES CORP [EXAS] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| C/O EXACT SCIENCES CORP., 441 CHARMANY DRIVE | | | (Month/Day/Year) 06/24/2016 | | | | | X Director 10% Owner X Officer (give title Other (specify below) COO | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| MADISON | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative So | ecuriti | es Acqı | aired, Disposed of | f, or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | e) Execution any | med on Date, if Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 | osed c | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 06/24/2016 | | | Code V M | Amount 154,568 | (D) | Price \$ 0.83 | 513,736 | D | | |
| Common Stock | | | | | | | | 12,359 | I | Held in 401(K) Account | |
| Common Stock | | | | | | | | 65,000 | I | Held in Grantor Retained Annuity | |

Trust

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transactic 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 of Number of Shares |
| Stock Option (right to | \$ 0.83 | 06/24/2016 | | M | | 154,568 | 03/18/2013 | 03/18/2019 | Common Stock | 717,500 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| ARORA MANEESH | | | | | | | |
| C/O EXACT SCIENCES CORP. | X | | COO | | | | |
| 441 CHARMANY DRIVE | Λ | | COO | | | | |
| MADISON, WI 53719 | | | | | | | |

Signatures

/s/ Maneesh Arora by Mark R. Busch, attorney-in-fact

**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).

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.

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