Edgar Filing: Nallicheri Melanie - Form 4

Nallicheri Melanie Form 4 July 05, 2018		
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	NERSHIP OFStateStateStateNERSHIP OFExpires:January 31, 2005Estimated average burden hours per responseStatete Act of 1934, f 1935 or Section0.5	
 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person [*] 	2. Issuer Name and Ticker or Trading	5. Relationship of Reporting Person(s) to
Nallicheri Melanie (Last) (First) (Middle) C/O FOUNDATION MEDICINE, INC., 150 SECOND STREET	Symbol Foundation Medicine, Inc. [FMI] 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018	Issuer (Check all applicable) <u></u> Director <u>X</u> Officer (give title <u></u> 10% Owner <u></u> 0ther (specify below) Chief Business Officer
(Street) CAMBRIDGE, MA 02141	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)(State)(Zip)1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Executio any (Month/I	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)	quired, Disposed of, or Beneficially Owned5. Amount of Securities6.7. Nature of IndirectBeneficiallyOwnershipIndirectBeneficiallyForm: DirectBeneficial OwnershipOwned(D) orOwnershipFollowingIndirect (I)(Instr. 4)Reported(Instr. 4)Transaction(s)Formation
Common 07/02/2018 Stock	Code V Amount (D) Price S $2,008$ D 3 (1) 136.66	(Instr. 3 and 4) 66,011 (2) 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. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Nallicheri Melanie C/O FOUNDATION MEDICINE, INC. 150 SECOND STREET CAMBRIDGE, MA 02141			Chief Business Officer			
Signatures						
Robert W. Hesslein, Attorney-in-Fact for Nallicheri	r Melanie		07/05/2018			
**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).

(1) Represents the number of shares required to be sold by the reporting person to cover the tax withholding obligation in connection with the vesting of restricted stock units on July 1, 2018. This sale is mandated by the Issuer's election under its equity incentive plans to require the reporting person to fund this tax withholding obligation by completing a "sell to cover" transaction with a brokerage firm designated by the Issuer. This sale does not represent a discretionary trade by the reporting person.

The reporting person previously reported the restricted stock units granted to the reporting person on (1) October 1, 2016 in Table I of the(2) Form 3 filed on July 5, 2017 and (2) April 1, 2018 in Table I of the Form 4 filed on April 3, 2018. As such, no adjustment to the reporting persons beneficial interest needs to be made to reflect the vesting events related to this securities sale.

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.