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Form 4											
May 17, 201									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
if no long subject to Section 1	Check this box if no longer subject to Section 16. Form 4 or					NERSHIP OF	Expires: January 3 200 Estimated average burden hours per response 0				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the P	ublic U	tility H	olding C	Compa	U	e Act of 1934, 1935 or Section 0	n		
(Print or Type F	Responses)										
1. Name and A Schorno Dea	2. Issuer Name and Ticker or Trading Symbol GENOMIC HEALTH INC [GHDX]					5. Relationship of Reporting Person(s) to Issuer					
(Month			3. Date o (Month/I 05/15/2	Day/Year	Transact	on		(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X_</u> Officer (give title <u></u> Other (specify below) CFO			
REDWOOD	(Street) O CITY, CA 9406		4. If Ame Filed(Mo		Date Orig ear)	ginal		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting P	erson	
(City)	(State)	(Zip)	Tab	le I - Nor	1-Derivat	ive Sec	urities Acq	uired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8	tion(A) or (Instr.	Dispos 3, 4 and (A) or	1 5) Price	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 (1)	05/15/2012			S	1,000) D	\$ 33.686 (2) (3)	17,355 <u>(4)</u> <u>(5)</u>	D		
Common Stock								6,149	I	By Charles Schwab & Co. as Custodian for Dean L. Schorno, IRA	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schorno Dean L 301 PENOBSCOT DRIVE REDWOOD CITY, CA 94063			CFO				
Signatures							

iynatu

Dean L. Schorno	05/17/2012			
**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) These sales of common stock were effected pursuant to Rule 10b5-1 sales plan adopted by the reporting person on November 11, 2011.
- Reporting person undertakes to provide upon request by the Securities and Exchange Commission, the issuer or a securityholder of the (2)issuer detailed information regarding the price and number of shares sold within the range indicated.
- Represents weighted average sale price. Actual sale prices ranged from \$33.60 to \$33.92. (3)
- Includes 4,000 restricted stock units awarded February 5, 2012 which vest as to 1/3 of the shares on February 15, 2013, 1/3 of the shares (4) on February 15, 2014 and 1/3 of the shares on February 15, 2015.
- Includes 3,900 restricted stock units awarded January 27, 2011, of which 1/3 of the shares vest on each of February 15, 2013 and 2014, (5) and the 1/3 of the shares that vested on February 15, 2012, net of withholding.

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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.