Edgar Filing: GENOMIC HEALTH INC - Form 4

GENOMIC I	HEALTH INC										
Form 4											
July 29, 2013	3										
FORM	14								-	PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no long subject to	STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005	
Section 1		SECURITIES							Estimated average burden hours per		
Form 4 or									response		
Form 5 obligation	•						-	ge Act of 1934,			
may cont	inue. Section 17(Public Ut of the Inv	•	•	- ·		f 1935 or Section 40	n		
1(b).	ienon				1.	•					
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol GENOMIC HEALTH INC [GHDX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
							HDX]				
(Last)	(First) (M	Middle)	3. Date of	Earliest Tra	ansaction			(-,	
			•	(Month/Day/Year)				Director	10% Owner		
301 PENOB	07/25/2013					X Officer (give below)	XOfficer (give titleOther (specify below) below)				
								SVP &	General Coun	sel	
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				ed(Month/Day/Year)				Applicable Line)			
REDWOOD	O CITY, CA 9406	53						_X_Form filed by 0 Form filed by N Person	1 0		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	e 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if		onAcquired				Form: Direct	Indirect	
(Instr. 3)		2	any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			2	D) or ndirect (I)	Beneficial Ownership	
		(iniointii)	Duy/ I cui)	(1130.0)	(1150.5,	i unu	5)		(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(insu: 5 and 4)			
Common Stock	07/25/2013			А	6,000 (1)	А	\$0	13,235 <u>(2)</u> <u>(3)</u>	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)

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. of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HIBBS KATHY L 301 PENOBSCOT DRIVE REDWOOD CITY, CA 94063			SVP & General Counsel					
Signatures								
/s/ Dean L. Schorno, Attorney-in-fact		07/29/201	3					

<u>**</u>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) Restricted stock units awarded on July 25, 2013, which vest as to 1/3 of the shares on each of February 15, 2014, 2015 and 2016.
- (2) Includes 7,000 restricted stock units awarded on January 27, 2011, of which 1/3 of the shares vest on February 15, 2014, and the 1/3 of the shares that vested on each of February 15, 2012 and 2013, net of withholding.
- (3) Includes 6,700 restricted stock units awarded February 5, 2012,of which 1/3 vest on each of February 15, 2014 and 2015, and the 1/3 of the shares that vested on February 15, 2013, net of withholding.

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.