

MCALEER JEROME F
Form 4/A
March 02, 2010

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
MCALEER JEROME F

2. Issuer Name and Ticker or Trading Symbol
INVERNESS MEDICAL
INNOVATIONS INC [IMA]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
51 SAWYER ROAD, SUITE 200
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
02/28/2010

Director 10% Owner
 Officer (give title below) Other (specify below)
VP, Research & Development

WALTHAM, MA 02453

4. If Amendment, Date Original Filed(Month/Day/Year)
01/05/2010

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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.

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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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Table with columns: (Instr. 3), Price of Derivative Security, (Month/Day/Year), (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5), Code, V, (A), (D), Date Exercisable, Expiration Date, Title, Amount or Number of Shares. Row: Employee Stock Option (Right to Buy), \$ 61.49, 02/28/2010(1), A, 75,000, (2), 02/28/2020, Common Stock, 75,000.

Reporting Owners

Table with columns: Reporting Owner Name / Address, Director, 10% Owner, Relationships (Officer, Other). Row: MCALEER JEROME F, 51 SAWYER ROAD, SUITE 200, WALTHAM, MA 02453, Director: X, Relationship: VP, Research & Development.

Signatures

/s/ Jay McNamara, Attorney in Fact, 03/02/2010
**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) This option was previously reported as granted 12/31/2009 based on a preliminary recommendation by the compensation committee. The compensation committee together with the other independent members of the board of directors approved the grant effective 02/28/2010. The option is exercisable at a significant premium to current fair market value.
(2) This option becomes exercisable in four equal annual installments beginning 2/28/2011.
(3) This derivative security does not have a price.

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.