Edgar Filing: PERKINELMER INC - Form 4

PERKINEL	MER INC									
Form 4										
April 03, 20	14									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box							Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average			
	Section 16. SE					burden hours per				
Form 4 c								response 0.5		
Form 5 obligatio	-	suant to Section				-				
may cont		a) of the Public	•	•	· ·	•		1		
See Instr	uction	30(h) of the	Investmen	t Compai	ny Ac	ct of 194	0			
1(b).										
(Print or Type l	Responses)									
(F)									
1. Name and Address of Reporting Person <u>2</u> . Issuer Name and Ticker or Trading 5. Relationship of F							Reporting Person(s) to			
MICHAS A	LEXIS P	Symbo				U	Issuer			
		PERI	INELME	R INC [P	KI]		(Check all applicable)			
(Last)	(First) (1	Middle) 3. Date	of Earliest T	ransaction			(Check	c all applicable)	
			/Day/Year)				X Director 10% Owner			
940 WINTER STREET 04/02/2			/2014	-			Officer (give title Other (specify below) below)			
(Street) 4. If Ame			1 (D				, , , , , , , , , , , , , , , , , , ,			
			nendment, D Ionth/Day/Yea	-	a1		6. Individual or Joint/Group Filing(Check Applicable Line)			
		T fied(F	ionui/Day/102	u <i>)</i>			_X_ Form filed by O	one Reporting Per	son	
WALTHAN	M, MA 02451						Form filed by M Person	ore than One Reg	porting	
		(7 .)					reison			
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date		3.	1			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		f Transacti Code	on(A) or D (Instr. 3,			Securities Beneficially Owned	Ownership Form: Direct (D) or	Indirect Beneficial Ownership	
(Instr. 3)		any (Month/Day/Yea		(Instr. 5,	4 and	3)				
		(· · · · · · · · · · · · · · · · · · ·	, (,				Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
C			Code V	Amount	(D)	Price	(
Common Stock	04/02/2014		М	5,854	А	\$ 19.905	95,921 <u>(1)</u>	D		
Common							500	т	By spouse	
Stock							500	Ι	IRA	

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. Transacti Code (Instr. 8)	5. Number on f Derivative 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)		8. I Der Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
NQ Stock Option (right to buy)	\$ 19.905	04/02/2014		М	5,854	(2)	04/27/2014	Common Stock	5,854	

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
MICHAS ALEXIS P 940 WINTER STREET WALTHAM, MA 02451	Х							
Signatures								
/s/ John L. Healy (POA on file) Michas	04/	/03/2014						

**Signature of Reporting Person

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) Includes shares related to dividends on shares in the Reporting Person's Deferred Compensation Plan account.

(2) This option became exercisable in three equal annual installments beginning on April 27, 2005, which was the first anniversary of the date on which the option was granted, and had a 10 year exercise term.

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.

Date