Edgar Filing: BIO RAD LABORATORIES INC - Form 4

| BIO RAD I Form 4 June 14, 20 | LABORATORIES | S INC | U | | | | | | | | |
|--|------------------------|--|---------|--------------------|---|---------|--------------|---|--|---|--|
| FORM | ЛЛ | STATES | SECU | DITIFS | AND FYCI | HAN | CF COM | AMISSION | | PROVAL | |
| Check this box | | | | | | | | OMB Number: Expires: | 3235-0287 January 31, | | |
| if no lor subject Section Form 4 Form 5 | to STATEN 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | 2005 verage s per 0.5 | |
| Form 5 obligations may continue. See Instruction 1(b). 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) | | | | | | | | | | |
| Hall Shannon Syr | | | | | d Ticker or Ti ORATORII | - | Iss | 5. Relationship of Reporting Person(s) to ssuer | | | |
| | | | [BIO,] | | | | | (Check all applicable) | | | |
| (Mon | | | | | | | | Director 10% Owner _X Officer (give title Other (specify below) below) Executive Vice President | | | |
| | | | | Anoth/Day/Year) Aj | | | | Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting | | | |
| HERCULES, CA 94547 | | | | Person | | | | | | orung | |
| (City) | (State) | (Zip) | Tal | ole I - Non- | Derivative Se | ecuriti | ies Acquire | ed, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | | Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securities orDisposed of ((Instr. 3, 4 ar | (D) | red (A) or |) or 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Bio-Rad | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| A Common Stock | 06/13/2016 | | | S | 1,291 | D | \$ 145.29 | 617.1974 <u>(1)</u> | D | | |
| Bio-Rad A Common Stock | 06/13/2016 | | | S | 281.4085 | D | \$ 145.31 | 335.7889 | D | | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Hall Shannon C/O BIO-RAD LABORATORIES, INC. 1000 ALFRED NOBEL DRIVE HERCULES, CA 94547 | | | Executive Vice President | | | |
| Signatures | | | | | | |

S

Shannon Hall 06/14/2016 **Signature of Date

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 76.4305 shares acquired under the Bio-Rad Laboratories employee stock purchase plan on March 31, 2016.

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.