## Edgar Filing: GENOMIC HEALTH INC - Form 4

GENOMIC I	HEALTH INC									
Form 4	_									
July 06, 2015									PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	6.	AENT OF CI	0,	BENEFI		LOW	NERSHIP OF	Expires: January 3 200 Estimated average burden hours per		
Form 4 of Form 5 obligation may cont See Instru 1(b).	Filed pur ns Section 17(	a) of the Publ		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type F	Responses)									
FUCHS HENRY J Syn			2. Issuer Name <b>and</b> Ticker or Trading Symbol GENOMIC HEALTH INC [GHDX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
BIOMARIN PHARMACEUTICAL			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>07/01/2015</li></ul>				X Director Officer (give below)	10%	Owner er (specify	
INC., 105 D	DIGITAL DRIVE									
			f Amendment, Da cd(Month/Day/Year	-			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
							Person			
(City)	(State)	(Zip)	Table I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securit on(A) or Di (Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (1)	07/01/2015		А	365	A	\$ 27.34	2,089	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(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				
FUCHS HENRY J BIOMARIN PHARMACEUTICAL INC 105 DIGITAL DRIVE NOVATO, CA 94949	X X							
Signatures								
/s/ G. Bradley Cole, Attorney-in-fact	07/06/2015	5						
<u>**</u> Signature of Reporting Person	Date							
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## **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 issued to the Reporting Person pursuant to the Genomic Health, Inc. 2005 Stock Incentive Plan in lieu of quarterly director retainer fees. Restricted stock is fully vested.

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.