Edgar Filing: EXACT SCIENCES CORP - Form 4

| EXACT SCI | ENCES CORP | | | | | | | | | | |
|--|---|-------|---|--|--------------|------------------|------------------------|---|--|--|--|
| Form 4 | | | | | | | | | | | |
| March 14, 20 | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549 | | | | | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 | 6. | | | | | | | | | Expires:January 31 2005Estimated average burden hours per response0.5 | |
| obligatior may conti <i>See</i> Instru 1(b). | inue. Section 17(| | blic Uti | ility Hold | ling Con | npany | y Act of | 1935 or Section | 1 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol EXACT SCIENCES CORP [EXAS] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (1 | | | | | | (Check all applicable) | | | | |
| (M | | | | (Month/Day/Year) 03/13/2017 | | | | Director 10% Owner X Officer (give title Other (specify below) below) SVP and General Counsel | | | |
| | (Street) 4. If Amer Filed(Mon | | | | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MADISON, | WI 53719 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Date, if | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 03/13/2017 | | | S | 1,983 (1) | D | \$ 21.16 | 50,790 | D | | |
| Common Stock | | | | | | | | 3,363 | Ι | Held in 401(K) Account | |

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.

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 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int 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 | | | |
|---|---------|-----------|-------------------------|-------|--|--|
| 1 0 | irector | 10% Owner | Officer | Other | | |
| COWARD D SCOTT C/O EXACT SCIENCES CORP. 441 CHARMANY DRIVE MADISON, WI 53719 | | | SVP and General Counsel | | | |
| Signatures | | | | | | |
| /s/ D. Scott Coward by Mark R. Busc attorney-in-fact | eh, | | 03/14/2017 | | | |
| <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) Represents shares sold pursuant to a Sell-to-Cover Rule 10b5-1 Plan to pay withholding taxes due in connection with the vesting of certain restricted stock units on March 9, 2017.

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.