## Edgar Filing: Pellini Michael J - Form 4

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Form 4												
<u> </u>	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								3235-0287			
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. r Filed pu ns scrtion 12	Washington, D.C. 20549 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							Number: Expires: Estimated a burden hour response	January 31, 2005 d average nours per		
(Print or Type I	Responses)											
Pellini Michael J Symbol				r Name <b>and</b> Ticker or Trading tion Medicine, Inc. [FMI]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date o			of Earliest Transaction Day/Year)				(Check all applicable) <u>X</u> Director <u>Officer (give title</u> below) Director <u>Director</u> <u>10% Owner</u> <u>Other (specify</u> <u>below)</u>					
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
CAMBRID	GE, MA 02141							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any		Code (Instr. 8)	4. Securit n(A) or Dis (Instr. 3, 4) Amount	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/03/2018			S	13,659 (1)	D		114,211	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)

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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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

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**S** / P

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
ellini Michael J 50 SECOND STREET 70 FOUNDATION MEDICINE, INC. 2 AMBRIDGE, MA 02141	Х				
ignatures					
s/ Robert W. Hesslein, as Attorney-in-Fa ellini	chael J.		04/05/2018		
<b>**</b> Signature of Reporting Persor	ı			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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 6, 2017.

The price reported in this Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$66.95 to \$73.35, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the

(2) Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the ranges set forth in this footnote.

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.