Hawkins Jeffrey Alan Form 4 December 13, 2011

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number: 3235-0287

**OMB APPROVAL** 

Expires: January 31, 2005

Estimated average burden hours per response...

0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

Common

Stock

12/03/2011

(Print or Type Responses)

1. Name and A Hawkins Jef	ddress of Reporting F frey Alan	Person * 2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		GenMar	GenMark Diagnostics, Inc. [GNMK]				(Check all applicable)			
(Last)	(First) (N	(Iiddle) 3. Date of	Earliest Tra	ansaction						
		(Month/D	(Month/Day/Year)				Director	10%	Owner	
5964 LA PL	ACE COURT	12/03/20	12/03/2011				X Officer (give title Other (specify below) SVP, Marketing & Bus Dev			
							5 v 1 , 1v12	irecting & Dus	DCV	
	(Street)	4. If Ame	4. If Amendment, Date Original			(	6. Individual or Joint/Group Filing(Check			
		Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by 0			
CARLSBAI	O, CA 92008					i	Form filed by N Person	More than One Re	porting	
(City)	(State)	(Zip) Table	e I - Non-De	erivative S	ecurities .	Acqu	ired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	ies Acquir	red 5	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	if Transaction(A) or Disposed of				Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(D)		I	Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	(	Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s)			
			Code V	Amount		rice (	(Instr. 3 and 4)			

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.

SEC 1474

(9-02)

D

34,869

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

63 (1)

D

F

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(2.11541
					4, and 5)						
					i, and 3)						
									Amount		
						Data	Evaluation		or		
						Date Exercisable	Expiration Date	Title Number of	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
<b>F</b>	Director	10% Owner	Officer	Other				
Hawkins Jeffrey Alan			SVP,					
5964 LA PLACE COURT			Marketing &					
CARLSBAD, CA 92008			Bus Dev					

# **Signatures**

/s/ Jeffrey
Hawkins

\*\*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) The shares were withheld at the election of the Reporting Person to satisfy tax withholding obligations in connection with the partial vesting of a restricted stock award granted in November 2010.

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.

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