Edgar Filing: Yeshwant Krishna - Form 4

Yeshwant Kr	ishna										
Form 4											
August 02, 20	018										
FORM									OMB APPROVAL		
	UNITED		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
	Check this box						Expires:	Expires: January 31, 2005 Estimated average			
if no long subject to											
Section 16	б.	SECURITIES						burden hours per			
Form 4 or									response 0.5		
Form 5 obligation				. ,				ge Act of 1934,			
may conti				•	•	- ·		f 1935 or Sectio	n		
<i>See</i> Instru 1(b).	ction	30(h)	of the Inv	vestment (Compan	y Act	of 194	40			
(Print or Type R	esponses)										
Yeshwant Krishna Symb				Name and			-	5. Relationship of Reporting Person(s) to Issuer			
	Foundati	on Medic	cine, Inc.	[FM	[]	(Check all applicable)					
(Last)	(First) (Middle) 3. Date of			Earliest Transaction				× ×	11	,	
				h/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	DATION MEDI ECOND STREE		07/31/20	18				below)	below)	er (specify	
	(Street)		dment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon CAMBRIDGE, MA 02141				h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
CAMBRIDC	JE, MA 02141							Person			
(City)	(State)	State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or)	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				Code V	Amount 5,786	(D)	Price \$				
Stock	07/31/2018 <u>(1)</u>			U	<u>(2)</u>	D	ф 137	0	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

 Reporting Owner Name / Address
 Relationship

 Director
 10% Owner
 Officer
 Other

 Yeshwant Krishna
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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).

Foundation Medicine, Inc., a Delaware corporation (the "Company") entered into an Agreement and Plan of Merger, dated as of June 18, 2018, as amended (the "Merger Agreement"), with Roche Holdings, Inc., a Delaware corporation ("Parent" or "Roche"), and 062018 Merger Subsidiary, Inc., a Delaware corporation and a wholly owned subsidiary of Parent ("Merger Sub"). Pursuant to the Merger

- (1) Agreement, Parent caused Merger Sub to conduct a tender offer (the "Tender Offer") for all of the issued and outstanding shares of common stock, par value \$0.0001 per share, of the Company, at a price of \$137 per share. On July 31, 2018, Merger Sub irrevocably accepted for payment all shares that were validly tendered and not withdrawn. On July 31, 2018, following consummation of the Tender Offer, Merger Sub merged with and into the Company.
- (2) The amount reported represents the number of shares sold by the reporting person in connection with the Tender Offer by Roche.

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.