Bell Michael Brian Form 4 February 21, 2019

## FORM 4

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

Check this box if no longer subject to Section 16.

Form 4 or

obligations

may continue.

See Instruction

Form 5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

**OMB APPROVAL** 

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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).

(Print or Type Responses)

5. Relationship of Reporting Person(s) to 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading Bell Michael Brian Issuer Symbol CareDx, Inc. [CDNA] (Check all applicable) (First) (Middle) 3. Date of Earliest Transaction (Last) (Month/Day/Year) Director 10% Owner \_\_Other (specify X\_ Officer (give title \_ C/O CAREDX, INC., 3260 02/20/2019 below) **BAYSHORE BOULEVARD** Chief Financial Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

#### BRISBANE, CA 94005

(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	onth/Day/Year) Execution Date, if Transaction(A any Code (E		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
			Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	02/20/2019		M <u>(1)</u>	292	A	\$ 6.31	77,490	D	
Common Stock	02/20/2019		M <u>(1)</u>	833	A	\$ 1	78,323	D	
Common Stock	02/20/2019		M <u>(1)</u>	937	A	\$ 5.9	79,260	D	
Common Stock	02/20/2019		S <u>(1)</u>	2,200	D	\$ 26.3	77,060	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

#### Edgar Filing: Bell Michael Brian - Form 4

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SEC 1474 (9-02)

> 8. I Der Sec (Ins

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. Transacti Code (Instr. 8)	ransaction f lode Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 6.31	02/20/2019		M		292	(2)	01/19/2028	Common Stock	292
Employee Stock Option (right to buy)	\$ 1	02/20/2019		M		833	(3)	04/21/2027	Common Stock	833
Employee Stock Option (right to buy)	\$ 5.9	02/20/2019		M		937	<u>(4)</u>	10/27/2027	Common Stock	937

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

Bell Michael Brian C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005

Chief Financial Officer

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## **Signatures**

/s/ Michael Bell

02/21/2019

\*\*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 transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- (2) 1/4th of the shares subject to the option vested on January 19, 2019 and 1/48th of the shares subject to the option vest monthly thereafter.
- (3) 1/4th of the shares subject to the option vested on April 21, 2018 and 1/48th of the shares subject to the option vest monthly thereafter.
- (4) 1/4th of the shares subject to the option vested on October 20, 2018 and 1/48th of the shares subject to the option vest monthly thereafter.

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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