Shaknovich Rita Form 4 May 14, 2018

## FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 1(b). 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

(Print or Type Responses)

(Last)

Security

(Instr. 3)

1. Name and Address of Reporting Person <u>\*</u> Shaknovich Rita

2. Issuer Name **and** Ticker or Trading Symbol

CANCER GENETICS, INC [CGIX]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

C/O CANCER GENETICS, INC.

(Street)

(Month/Day/Year)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 05/10/2018

\_\_\_\_ Director \_\_\_\_ 10% Owner \_\_X\_ Officer (give title \_\_\_\_ Other (specify below)

201 ROUTE 17N, 2ND FLOOR

4. If Amendment, Date Original

Chief Medical Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Instr. 8)

\_X\_ Form filed by One Reporting Person \_\_\_ Form filed by More than One Reporting

Person

RUTHERFORD, NJ 07070

(City) (State) (Zip) **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) 5. Amount of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Owned (I) Ownership Following (Instr. 4) (Instr. 4)

(A) Reported
or Transaction(s)
(Instr. 3 and 4)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

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

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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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Security or Exercise Code Securities (Month/Day/Year) any

7. Title and Amount of 8

**Underlying Securities** 

(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.89	05/10/2018		A		50,000		<u>(1)</u>	05/10/2028	Common Stock	50,000

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Shaknovich Rita C/O CANCER GENETICS, INC. 201 ROUTE 17N 2ND FLOOR RUTHERFORD, NJ 07070

Chief Medical Officer

## **Signatures**

/s/ Rita Shaknovich by John A. Roberts, Attorney-in-Fact

05/14/2018

\*\*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).

Stock as of the date of grant on the NASDAQ Capital Market in accordance with the terms of the 2011 Plan.

The option award was made in accordance with the terms of the Amended and Restated Cancer Genetics, Inc. 2011 Equity Incentive Plan (the "2011 Plan"). The shares underlying the options shall become vested and exercisable with respect to twenty percent (20%) of the shares on the one-year anniversary of the date of grant and with respect to the remaining eighty percent (80%) of the shares in equal monthly installments on the 10th day of each of the forty-eight (48) calendar months thereafter, provided that the optionee remains a services provider to the Company through each applicable vesting period. The exercise price is the closing price of a share of Common

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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