HOLOGIC INC Form 4 July 02, 2013

### FORM 4

### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

Expires: January 31, 2005

Section 16.
Form 4 or
Form 5
obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 5 File obligations may continue. See Instruction

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)

| 1. Name and Add<br>CASCELLA | •       | ting Person * | Issuer Name <b>and</b> Ticker or Trading     Symbol     HOLOGIC INC [HOLX] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)   |  |  |
|-----------------------------|---------|---------------|--|--|--|--|
| (Last)                      | (First) | (Middle)      | 3. Date of Earliest Transaction  | (Check an applicable)  |  |  |
| 35 CROSBY                   | DRIVE   |               | (Month/Day/Year)<br>07/01/2013   | _X_ Director 10% Owner X Officer (give title Other (specify below) CEO and President   |  |  |
| (Street)                    |         |               | 4. If Amendment, Date Original   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |
| BEDFORD, MA 01730           |         |               | Filed(Month/Day/Year)  |  |  |  |

| (City)                               | (State)                              | (Zip) Tabl  | e I - Non-I                            | <b>Derivative</b>                   | Secur   | ities Acqui     | red, Disposed of,  | or Beneficiall   | y Owned   |
|--------------------------------------|--------------------------------------|---|--|-------------------------------------|---------|-----------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securition Dispose (Instr. 3, 4) | ed of ( | (D)             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common Stock (1)                     | 07/01/2013                           |   | M                                      | 20,000                              | A       | \$<br>3.5625    | 420,655  | D  |   |
| Common Stock (1)                     | 07/01/2013                           |   | S                                      | 20,000                              | D       | \$ 19.55<br>(2) | 400,655  | D  |   |
| Common<br>Stock                      |                                      |   |  |                                     |         |                 | 783  | I  | By<br>Spouse  |

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

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### Edgar Filing: HOLOGIC INC - Form 4

#### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5. Number of tiorDerivative Securities ) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |       | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amou<br>Underlying Securi<br>(Instr. 3 and 4) |                          |
|---|---|---|---|---|---|-------|--|--------------------|--|--------------------------|
|   |   |   |   | Code V                                  | (A)   | (D)   | Date<br>Exercisable                                      | Expiration<br>Date | Title  | Amo<br>or<br>Nun<br>of S |
| Non-qualified<br>Stock Option<br>(Right to Buy)     | \$ 3.5625   | 07/01/2013                              |   | M                                       | 20  | 0,000 | 11/06/2004   | 11/06/2013         | Common<br>Stock  | 20,                      |

## **Reporting Owners**

| Reporting Owner Name / Address                          | Relationships |           |                   |       |  |  |  |  |
|---|---------------|-----------|-------------------|-------|--|--|--|--|
| .t  | Director      | 10% Owner | Officer           | Other |  |  |  |  |
| CASCELLA ROBERT<br>35 CROSBY DRIVE<br>BEDFORD, MA 01730 | X             |           | CEO and President |       |  |  |  |  |

## **Signatures**

/s/ Mark J. Casey, Attorney-In-Fact for Robert A.
Cascella
07/02/2013

\*\*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 transaction reported herein was made pursuant to a written trading plan adopted in accordance with SEC Rule 10b5-1 on May 13, 2013.
- The price reported herein reflects a weighted average sale price. Actual sale prices ranged from \$19.34 to \$19.70, inclusive. The (2) Reporting Person undertakes to provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full disclosure with respect to the number of shares sold at each separate price.

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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