Edgar Filing: CareDx, Inc. - Form 4

CareDx, Inc. Form 4 July 06, 2016	;											
								OMB A	OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box								Expires:	January 31,			
if no long subject to Section 10	GES IN BENEFICIAL OWNERSH SECURITIES				NERSHIP OF	Estimated a						
Form 4 or								response	0.5			
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)												
	•											
1. Name and A HAGSTRON	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer							
		CareDx	Dx, Inc. [CDNA]				(Check all applicable)					
(Last) C/O CAREE BAYSHORE	Earliest Transaction Day/Year) 016				_X_ Director 10% Owner Officer (give title Other (specify below) below)							
(Street) 4. If			. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check						
		ed(Month/Day/Year)				Applicable Line)						
BRISBANE, CA 94005							_X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (2	Zip) Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f. or Beneficial	llv Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed		4. Securi onAcquired Disposed (Instr. 3, Amount	ties l (A) o l of (D 4 and (A) or	or))	5. Amount of		7. Nature of			
Common Stock	07/01/2016		А	2,156 (1)	А	\$0	8,518	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	2. Commission	3. Transaction Date		4. Terrer et i	5.	6. Date Exer		7. Titl		8. Price of Derivative	9. Nu Deriv
Security	Conversion or Exercise	(Month/Day/Year)	any (Month/Day/Year)	Transaction Code	of	Expiration Date (Month/Day/Year)		Amount of Underlying	Security	Secu	
(Instr. 3)	Price of			(Instr. 8)	Derivative		Securities	(Instr. 5)	Bene		
Derivative		vative			Securities		(Instr. 3 and 4)		Owne		
	Security				Acquired					Follo	
	(A) or								Repo		
					Disposed						Trans
					of (D) (Instr. 3, 4, and 5)					(Instr	
					+, and <i>5</i>)						
									Amount		
						Date	Expiration	T .4	or		
						Exercisable	Date	of	Number		
				Code V	(A) (D)				Shares		
					() (D)						

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other HAGSTROM WILLIAM A C/O CAREDX, INC. Х 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005 Signatures /s/ Charles Constanti as attorney-in-fact for William 07/06/2016 Hagstrom

**Signature of Reporting Person

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).
- Represents an automatic, quarterly grant of common stock to the reporting person in lieu of cash for non-employee director compensation (1) pursuant to the issuer's Outside Director Compensation Policy.

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.

2

Date