## Edgar Filing: SNYDERMAN RALPH - Form 4

SNYDERMA	N RALPH										
Form 4											
January 02, 2	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287		
Check this	GES IN BENEFICIAL OW					Expires:	January 31,				
if no longe subject to					<b>NERSHIP OF</b>	·	2005				
Section 16. SECURITIES					Estimated average burden hours per						
Form 4 or								response			
Form 5 obligation	· ·	uant to Section 1				-					
may contin		) of the Public Ut	•	•	- ·			n			
See Instru	ction	30(h) of the In	vestment (	Company	y Act	of 19	40				
1(b).											
(Print or Type R	esponses)										
1. Name and Ac SNYDERMA	Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer						
	, Inc. [CDNA]										
(Last)	(First) (M	iddle) 3. Date of	f Earliest Transaction			(Check all applicable)					
			/Day/Year)			X Director	10%	b Owner			
C/O CAREDX, INC., 3260 01/02/20			-			Officer (give		er (specify			
BAYSHORE	E BOULEVARD						below)	below)			
	(Street)	4. If Ame	ndment, Date Original			6. Individual or Joint/Group Filing(Check					
			nth/Day/Year)				Applicable Line)				
BRISBANE, CA 94005						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	(6+-+-) (1	7:)									
(City)	(State) (2	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	TransactionAcquired (A) orCodeDisposed of (D)			Securities H Beneficially (	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
		(A)			Following Reported Transaction(s)	(Instr. 4)	(Instr. 4)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				1,924	. ,						
Stock	01/02/2018		А	( <u>1</u> )	А	\$0	61,578	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SNYDERMAN RALPH C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005	Х						
Signatures							
/s/ Peter Maag as attorney-in-fact fo Snyderman	01/02/2018						
**Signature of Reporting Persor	1		D	ate			

## 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.