

FOUNDATION MEDICINE, INC.

Reported by
HESSLEIN ROBERT W.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/04/17 for the Period Ending 10/02/17

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|-------------|---|
| Address | 150 SECOND STREET CAMBRIDGE, MA, 02141 |
| Telephone | 617-418-2200 |
| CIK | 0001488613 |
| Symbol | FMI |
| SIC Code | 8071 - Services-Medical Laboratories |
| Industry | Biotechnology & Medical Research |
| Sector | Healthcare |
| Fiscal Year | 12/31 |

Signatures

/S/ Robert W. Hesslein

10/4/2017

—Signature of Reporting Person

Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.