

GENOMIC HEALTH INC

Reported by **COHEN FRED E**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/20/17 for the Period Ending 06/16/17

Address 301 PENOBSCOT DRIVE

REDWOOD CITY, CA 94063

Telephone 650-556-9300

CIK 0001131324

Symbol GHDX

SIC Code 8071 - Medical Laboratories

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Cohen Fred E					GENOMIC HEALTH INC [GHDX]								, incubic)		00/ 0	
(Last	(First	t) (M	iddle)	3	. Date of Earliest Transaction (MM				I/DD/YYY	Y)				0% Owner ther (specify	below)	
TPG BIOTECH, 345 CALIFORNIA STREET SUITE 3300					6/16/2017											
SIKEEIS	(Str			4	. If Aı	nendme	nt, Date	Origin	al Fi	led (MM/I	DD/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
SAN FRANCISCO, CA 94104												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	City) (Sta	ate) (Zi	p)									Tomi med by	Wiore than C	one Reporting I	CISOII	
			Table I	- Non-D	erivat	ive Secu	urities A	cquire	ed, D	isposed	of, or Be	neficially Own	ed			
1. Title of Security (Instr. 3)			. Trans. Da	Date 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)		(O)	Amount of Securiti following Reported T Instr. 3 and 4)	ties Beneficially Owned Transaction(s)			7. Nature of Indirect Beneficial Ownership	
							Code	V	Amo	(A) o	or Price				or Indirect (I) (Instr. 4)	(Instr. 4)
	Tab	le II - Deri	ivative S	Securitie	s Bene	eficially	Owned	(e.g. ,	, puts	s, calls, v	varrants,	options, conve	rtible sec	urities)	•	
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if an	(Instr.		ode 5. Number of Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	e V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Director Stock Option (right to buy)	\$31.53	6/16/2017		A		10000		6/16/2 (1		6/16/2027	Commor Stock	10000	\$0.00	10000	D	

Explanation of Responses:

(1) The option becomes exercisable in full on the first anniversary of the date of the grant or immediately prior to the Company's next annual meeting of stockholders, if earlier. In addition, the option becomes fully vested in the event of a change in control of the Company.

Reporting Owners

reporting 5 (mers							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Cohen Fred E							
TPG BIOTECH	X						
345 CALIFORNIA STREET SUITE 3300	Λ						
SAN FRANCISCO, CA 94104							

Signatures

/s/ Jason W. Radford, Attorney-in-fact	6/20/2017
** 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.