

### **GENOMIC HEALTH INC**

# Reported by **GRAHAM GINGER L**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 07/05/17 for the Period Ending 07/01/17

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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

T .																		
1. Name and Address of Reporting Person *					2. ]	<u> </u>								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
GRAHAM (	GINGER	L			$\mathbf{G}$	EN(	OMIC	HEAL	TH	INC	[ GHI	X ]			incubic)			
(Last) (First) (Middle)				3. ]	3. Date of Earliest Transaction (MM/DD/YYYY)								X_Director10% Owner					
								_,,						Officer (giv	e title below	/)O	ther (specify	below)
HISTORIC	_							7/1	/20	17								
BUILDING,			E AV	ENU	_													
	(Stre	et)			4. ]	If An	nendme	nt, Date C	rigi	nal Fil	ed (MM/D	D/YYY	YY)	6. Individual o	or Joint/G	roup Filing (	(Check Appl	icable Line)
BOULDER,														X Form filed by		rting Person One Reporting P	'erson	
(C	ity) (Sta	te) (Z	ip)											1 01111 11100 0)		one reporting r	015011	
			Table	I - No	n_Dei	rivati	ive Sec	urities Ac	anir	ed Di	snosed o	for	Rei	neficially Owne	ad.			
1.Title of Security			Table	2. Trans	-			3. Trans. Co	_		rities Acqu					ally Ownad	6	7. Nature
(Instr. 3)			. Date	Execution Date, if any		(Instr. 8)	or Dis		osed of (D)	licu (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership o	of Indirect		
						Date,	if any			(Instr	3, 4 and 5)			(Instr. 3 and 4)			Form: Direct (D)	Beneficial Ownership
											(A) or						or Indirect (I) (Instr.	(Instr. 4)
								Code	V	Amour		Pric	e				4)	
																		Held by the
Common Stock (1) 7/1/201			7/1/2017			A		307	A	\$32.55	55	9136		I	GInger L. Graham			
																Revocable Trust		
			<u> </u>		I					Į.	Ţ						ı	
	Tabl	le II - Dei	rivative	Secur	ities l	Bene	ficially	Owned (	e.g.	, puts	calls, w	arrai	nts,	options, conve	rtible sec	urities)		
1. Title of Derivate	2.	3. Trans. Date				ans. Code 5. Numb Derivativ Acquired				6. Date Exercisable and 7					8. Price of Derivative	9. Number of	10. Ownership	11. Nature of Indirect
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date		Execution (Date, if any				l(A) or	Expiration Date			Derivative S		e Security Security	Securities	Form of	Beneficial	
								d of (D) 4 and 5)				(Instr. 3 an		nd 4)		Beneficially Owned	Derivative Security:	Ownership (Instr. 4)
				Cod					Date		Expiration		Δ	nount or Number of	 	Following	Direct (D) or Indirect	
					Code	v	(A)	(D)		rcisable		Title		ares		Transaction(s) (Instr. 4)		
L	1	1	1	1			/	/									1 -	<u>I</u>

#### **Explanation of Responses:**

(1) Restricted stock issued to the Reporting Person pursuant to the Genomic Health, Inc. 2005 Stock Incentive Plan in lieu of quarterly director retainer fees. Restricted stock is fully vested.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GRAHAM GINGER L HISTORIC HIGHLAND BUILDING 885 ARAPAHOE AVENUE BOULDER, CO 80302	X						

#### **Signatures**

/s/ Jason W. Radford, Attorney-in-fact

\*\* 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

