Edgar Filing: CareDx, Inc. - Form 4/A

CareDx, Inc. Form 4/A October 01, 2 FORM Check thi if no long subject to Section 14 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	4 UNITED STATE s box er 6. 5 5 6. 5 7 7 8 8 8 8 8 8 8 8 8 8 8 9 8 9 8 9 8 9	o Section 16(a) of t	h, D.C. 20 I BENEF RITIES he Securit Iding Cor	549 ICIA ties E npany	L OW xchang / Act o	NERSHIP OF ge Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated burden ho response.	urs per		
1. Name and A GAGNON N	ddress of Reporting Person <u>*</u> NEIL	2. Issuer Name an Symbol CareDx, Inc. [C		Tradii	ıg	5. Relationship o Issuer				
(Last) 1370 AVEN AMERICAS	3. Date of Earliest 7 (Month/Day/Year) 09/29/2015	Transaction			Director	Officer (give title Other (specify				
			nendment, Date Original onth/Day/Year) 2015				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State) (Zip)	Table I - Non-	Derivative	Secur	ities Aco	quired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	any	ion Date, if Transact Code n/Day/Year) (Instr. 8)	ion(A) or D (D)	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	09/29/2015	Р	264	А	\$4.1	1,235,006	D			
Common Stock	09/29/2015	Р	188	А	\$ 4.1	1,235,194	I	By Self as Trustee of Gagnon Securities LLC Profit Sharing Plan		
Common Stock	09/29/2015	Р	334	А	\$ 4.1	1,235,528	D			

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Common Stock	09/29/2015	Р	1,932	А	\$ 3.91	1,237,460	D
Common Stock	09/29/2015	Р	3,614	А	\$ 3.91	1,241,074	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)

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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	Relationships							
	Director	10% Owner	Officer	Other				
GAGNON NEIL 1370 AVENUE OF THE AM 24TH FLOOR NEW YORK, NY 10019		Х						
Signatures								
/s/ Neil Gagnon	10/01/2015							
<u>**</u> Signature of Reporting Person	Date							

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).

Remarks:

This Form 4 is being amended to correct an error in the previously reported sales price of the common stock and the number o

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.