

SEQUENOM INC
Form 3
September 07, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â LABORATORY CORP OF AMERICA HOLDINGS			(Month/Day/Year)	SEQUENOM INC [SQNM]	
(Last)	(First)	(Middle)	09/07/2016		
358 SOUTH MAIN STREET			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
BURLINGTON,Â NCÂ 27215			___ Director ___X___ 10% Owner		___X___ Form filed by One Reporting Person
(City)	(State)	(Zip)	___ Officer ___ Other (give title below) (specify below)		___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.001	82,901,857	I	See footnote <u>(1)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LABORATORY CORP OF AMERICA HOLDINGS 358 SOUTH MAIN STREET BURLINGTON, NC 27215	^	^ X	^	^

Signatures

/s/ F. Samuel Eberts III, Chief Legal Officer and Secretary of Laboratory Corporation of America Holdings

09/07/2016

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

(1) The Reporting Person is filing this Form 3 on behalf of itself and Savoy Acquisition Corp. ("Savoy"), a Delaware corporation and a wholly owned subsidiary of the Reporting Person. The shares of common stock to which this Form 3 relates were acquired by Savoy on September 7, 2016 (the "Acceptance Time") following the expiration of the offering period for the tender offer for all outstanding shares of common stock of the Issuer, including the associated preferred stock purchase rights issued under the Rights Agreement, dated March 3, 2009, as amended, between the Issuer and American Stock Transfer & Trust Company, LLC, as rights agent (the "Offer"), and include Shares tendered pursuant to notices of guaranteed delivery. The Offer was made upon the terms and subject to the conditions set forth in the Offer to Purchase, dated August 9, 2016, which was annexed to and filed with the Schedule TO filed by the Reporting Person with the Securities and Exchange Commission on August 9, 2016.

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.