### Edgar Filing: MYRIAD GENETICS INC - Form 4

| MYRIAD C  | GENETICS INC                              |  |            |                             |                            |                                 |   |  |  |   |  |
|---|---|--|------------|-----------------------------|----------------------------|---------------------------------|---|--|--|---|--|
| Form 4  |   |  |            |                             |                            |                                 |   |  |  |   |  |
| November (  | 05, 2015                                  |  |            |                             |                            |                                 |   |  |  |   |  |
| FORM  |   |  | CECU       | DIFIE                       |                            |                                 | NCECC   |  | OMB AF   | PROVAL  |  |
|   | UNITED                                    | STATES                                   |            | RITIES A<br>shington        |                            |                                 | NGE CC  | OMMISSION  | OMB<br>Number:   | 3235-0287   |  |
|   | Check this box<br>if no longer            |  |            |                             |                            |                                 | Expires:  | January 31,<br>2005  |  |   |  |
| subject<br>Section<br>Form 4                                | F CHANGES IN BENEFICIAL OWN<br>SECURITIES |  |            |                             |                            |                                 | Estimated average<br>burden hours per<br>response |  |  |   |  |
| Form 5<br>obligation<br>may con<br><i>See</i> Inst<br>1(b). | ons<br>ntinue. Section 17(                | a) of the                                | Public U   | Jtility Hol                 | lding Cor                  | npan                            | •   | Act of 1934,<br>935 or Section   |  |   |  |
| (Print or Type  | Responses)                                |  |            |                             |                            |                                 |   |  |  |   |  |
| DREISMANN HEINRICH Syn                                      |   |  |            |                             |                            |                                 |   | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |   |  |
| (Last)  | (First) (                                 | Middle)                                  | 3. Date of | of Earliest T               | Transaction                |                                 |   | (Cneck   | all applicable   | )   |  |
| (Mont   |   |  |            | Ionth/Day/Year)<br>/05/2015 |                            |                                 |   | X_Director10% Owner<br>Officer (give titleOther (specify<br>below) below)  |  |   |  |
|   | (Street)                                  | 00                                       |            | endment, D<br>onth/Day/Yea  | -                          | al                              | A   | <ol> <li>Individual or Joi<br/>Applicable Line)</li> <li>X_ Form filed by Or<br/> Form filed by Model</li> </ol>   | ne Reporting Per   | rson  |  |
| SALTLA  | KE CITY, UT 841                           | 08                                       |            |                             |                            |                                 | F   | Person   |  | 8   |  |
| (City)  | (State)                                   | (Zip)                                    | Tat        | ole I - Non-                | Derivative                 | Secu                            | rities Acqui                                      | red, Disposed of,  | or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)                        | 2. Transaction Date<br>(Month/Day/Year)   | 2A. Deem<br>Execution<br>any<br>(Month/D | Date, if   | Code<br>(Instr. 8)          | omr Dispos<br>(Instr. 3, 4 | ed of (<br>4 and 5<br>(A)<br>or | 5)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common  | 11/05/2015                                |  |            | Code V<br>M                 | Amount 30,000              | (D)<br>A                        | Price<br>\$ 25.39                                 | 40,000   | D  |   |  |
| Stock   |   |  |            |                             | ,                          |                                 |   | , -  |  |   |  |
| Common<br>Stock   | 11/05/2015                                |  |            | S                           | 30,000                     | D                               | \$<br>44.4353                                     | 10,000   | D  |   |  |
| Common<br>Stock   | 11/05/2015                                |  |            | М                           | 30,000                     | А                               | \$ 27.61  | 40,000   | D  |   |  |
| Common<br>Stock   | 11/05/2015                                |  |            | S                           | 30,000                     | D                               | \$<br>44.4353                                     | 10,000   | 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 SEC 1474

(9-02)

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# 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amou<br>Underlying Secur<br>(Instr. 3 and 4) |                        |
|---|---|---|---|--|--|--|--------------------|---|------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable  | Expiration<br>Date | Title   | Am<br>or<br>Nu<br>of S |
| Non-Qualified<br>Stock Option<br>(right to buy)     | \$ 25.39  | 11/05/2015                              |   | М                                      | 30,000   | 12/05/2014   | 12/05/2021         | Common<br>Stock   | 30                     |
| Non-Qualified<br>Stock Option<br>(right to buy)     | \$ 27.61  | 11/05/2015                              |   | М                                      | 30,000   | 12/05/2013   | 12/05/2022         | Common<br>Stock   | 30                     |

ther

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |    |  |  |  |
|---------------------------------|---------------|-----------|---------|----|--|--|--|
|                                 | Director      | 10% Owner | Officer | Ot |  |  |  |
| DREISMANN HEINRICH              |               |           |         |    |  |  |  |
| 320 WAKARA WAY                  | Х             |           |         |    |  |  |  |
| SALT LAKE CITY, UT 84108        |               |           |         |    |  |  |  |
| Signatures                      |               |           |         |    |  |  |  |
| By: Richard Marsh For: Heinrich | h             | 11        | 05/2015 |    |  |  |  |
| Dreismann                       |               | 11/       | 03/2013 |    |  |  |  |

<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).

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.