## Edgar Filing: SCHWARTZ NORMAN D - Form 4/A

SCHWARTZ I Form 4/A March 25, 2008										
FORM 4 UNITED STATES S								OMB APPROVAL		
	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				N OMB Number:	3235-0287				
Check this b if no longer								Expires:	January 31,	
subject to	F CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated	2005 average			
Section 16.	10.				SECURITIES				urs per	
Form 4 or Form 5	Filed pu	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	. 0.5	
obligations may continu <i>See</i> Instruct 1(b).	e. Section 17	a) of the l	Public U	Itility Hol	ding Coi		of 1935 or Section	on		
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> SCHWARTZ NORMAN D			2. Issuer Name <b>and</b> Ticker or Trading Symbol BIO RAD LABORATORIES INC [BIO, BIO.B]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (A	Middle)	3. Date of	of Earliest T	ransaction		_X_ Director	_X_10		
C/O BIO-RAD LABORATORIES, INC., 1000 ALFRED NOBEL DRIVE			(Month/Day/Year) 02/04/2004			XOfficer (give titleOther (specify below) below) CEO				
(Street) HERCULES, CA 94547			4. If Amendment, Date Original Filed(Month/Day/Year) 05/21/2004			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
										TILICOLLS,
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
Incentive Stock Option (right to buy)	\$ 58.85	02/04/2004		A	1,869 (1)	(2)	02/04/2009(3)	Bio-Rad B Common Stock	1
Non-Qualified Stock Option (right to buy)	\$ 53.5	02/04/2004		A	62,421 (1)	(2)	02/04/2014	Bio-Rad B Common Stock	6

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
r o	FB		10% Owner	Officer	Other		
SCHWARTZ NORMAN D C/O BIO-RAD LABORATOR 1000 ALFRED NOBEL DRIV HERCULES, CA 94547		Х	Х	CEO			
Signatures							
Norman 03 Schwartz	8/21/2008						

Reporting Person Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The number of shares subject to this stock option grant was incorrectly split between incentive and non-qualified stock options on the

(1) Form 4 as originally filed, although the combined total number of shares for the two types of options included in this grant was reported correctly.

(2) The stock option vests over five years at 20% per year beginning one year from the grant date.

(3) The expiration date was incorrectly stated on the Form 4 as originally filed.

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.

\*\*Signature of