Edgar Filing: ROBERTS JOHN A - Form 4

ROBERTS.	JOHN A										
Form 4											
May 14, 201	18										
FORM	14								PPROVAL		
	UNITED		JRITIES A ashington			NGE	COMMISSION	N OMB Number:	3235-0287		
Check th								Expires:	January 31,		
if no lon subject t		MENT OF CHA	NGES IN	BENEF	ICIA	LOV	VNERSHIP OF	•	2005 average		
Section			SECU	RITIES					Estimated average burden hours per		
Form 4 o								response	•		
Form 5 obligatio							nge Act of 1934,				
may con			•	•	· ·		of 1935 or Section	on			
<i>See</i> Instr 1(b).		30(h) of the	Investmen	it Compar	ny Act	t of 1	940				
(Print or Type	Responses)										
1. Name and A ROBERTS	Address of Reporting	issuer raine und riener or ridding			5. Relationship of Reporting Person(s) to Issuer						
RODERIS	JOHN A	Symbo									
CA			CANCER GENETICS, INC [CGIX				(Check all applicable)				
(Last)	(First) (.	Middle) 3. Date	Date of Earliest Transaction								
			Month/Day/Year)			Director		6 Owner			
	E 17 NORTH, 2N	ND 05/10	/2018				X Officer (giv below)	below)	er (specify		
FLOOR							Chief	Executive Offi	cer		
	(Street)	4. If A	nendment, D	Date Origina	ıl		6. Individual or J	Joint/Group Fili	ng(Check		
		Filed(M	Ionth/Day/Yea	ar)			Applicable Line)				
							X Form filed by				
RUTHERF	ORD, NJ 07070						Person	More than One R	eporting		
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	Securi	ities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit				6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if		onAcquired				Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	Disposed			•	(D) or Indirect (I)	Ownership		
		(Wonth Day Tear)	(111501.0)	(111501. 5, -	+ and J)		(Instr. 4)	(Instr. 4)		
					(Λ)		Reported				
					(A) or		Transaction(s)				
			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each class of se	curities bene	eficially ow	ned dir	ectly o	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	2.	3. Transaction Date 3A	A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) Ex	xecution Date, if	Transactic	Derivative	Expiration Date	Underlying Securities
Security	or Exercise	an	ny	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.89	05/10/2018		А		350,000		(1)	05/10/2028	Common Stock	350,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ROBERTS JOHN A 201 ROUTE 17 NORTH 2ND FLOOR RUTHERFORD, NJ 07070			Chief Executive Officer				
Signatures							

/s/ John A. Roberts	05/14/2018			
<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).

The option award was made in accordance with the terms of the Amended and Restated Cancer Genetics, Inc. 2011 Equity Incentive Plan (the "2011 Plan"). The shares underlying the options shall become vested and exercisable over time and subject to satisfaction of certain

(1) performance conditions consistent with the Company's current business plans, provided that the optionee remains a services provider to the Company through each applicable vesting period. The exercise price is the closing price of a share of Common Stock as of the date of grant on the NASDAQ Capital Market in accordance with the terms of the 2011 Plan.

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.