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Form 4									
October 30, 2017	7								
FORM 4		STATES	SECU	DITIES			COMMISSIO	- NT	PPROVAL
	UNITED	SIAIES		shington				N OMB Number:	3235-0287
Check this box if no longer					DENEE			Expires:	January 31, 2005
subject to Section 16. Form 4 or Form 5	6. SECURITIES						Estimated burden hou response	average urs per	
obligations may continue. <i>See</i> Instruction 1(b).	Section 17((a) of the l	Public U	tility Hol	ding Cor		of 1935 or Secti		
(Print or Type Respo	onses)								
1. Name and Address of Reporting Person <u>*</u> Maag Peter			2. Issuer Name and Ticker or Trading Symbol CareDx, Inc. [CDNA]				5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First) (Middle)		of Earliest T	_		(Ch	eck all applicabl	e)
C/O CAREDX, INC., 3260 BAYSHORE BOULEVARD			(Month/Day/Year) 10/27/2017			X Director 10% Owner X Officer (give title Other (specify below) below) See Remarks			
(Street) BRISBANE, CA 94005			4. If Amendment, Date Original Filed(Month/Day/Year)			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)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	ansaction Date nth/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report of	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.		
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)

 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. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	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 (or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 5.9	10/27/2017		A		45,000		<u>(1)</u>	10/27/2027	Common Stock	45,000
Report	ing Ow	ners									

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Maag Peter C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005	Х		See Remarks					
Signatures								

/s/ Peter Maag	10/30/2017
<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).
- 25% of the shares subject to the option shall vest on October 20, 2018 and 1/48th of the shares subject to the option shall vest monthly (1) thereafter.

Remarks:

President and Chief Executive Officer

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.