## Edgar Filing: EXACT SCIENCES CORP - Form 4

EXACT SCI	ENCES CORP												
Form 4													
July 28, 2014										OMB AI	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287				
Check this if no long subject to	F CHAN	GES I	N B	BENEFI	CIAI	L OW	NERSHIP OF	Expires: Estimated a	January 31, 2005				
Section 16 Form 4 or		SECU	URI	TIES				burden hou response	rs per				
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed provide the filed provide the file of the file o	7(a) of the		ility H	oldi	ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40		0.5		
(Print or Type R	esponses)												
LEVANGIE DANIEL J Symbo			Symbol	ssuer Name <b>and</b> Ticker or Trading ool ACT SCIENCES CORP [EXAS] te of Earliest Transaction					5. Relationship of Reporting Person(s) to Issuer				
(Last)									(Check all applicable)				
(Month			(Month/D	onth/Day/Year) /24/2014					X_ Director 10% Owner Officer (give title Other (specify				
	CHARMANY	DRIVE	0,1,2,1,2,						below)	below)			
				f Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
MADISON,	WI 53719		Theo(Mon	ui/Day/1	(car)				_X_Form filed by 0 Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if Day/Year)	3. Transa Code (Instr.	8)	4. Securit n(A) or Dis (D) (Instr. 3, 4)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock (1)	07/24/2014			A	,	11,804		\$ 0	40,943 <u>(2)</u>	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 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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
LEVANGIE DANIEL J C/O EXACT SCIENCES CORP. 441 CHARMANY DRIVE MADISON, WI 53719	Х				
Signatures					
/s/ Daniel J. Levangie by Mark R. Attorney-in-Fact			07/28/2014		
**Signature of Reporting F			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).
- (1) These shares of restricted stock were issued pursuant to the Company's non-employee director compensation policy.

The amount of securities beneficially owned following the reported transaction in this Column 5 reflects a decrease of 50,000 shares previously reported as beneficially owned by the reporting person by virtue of the reporting person's service as trustee of the Daniel and

(2) Joan Levangie Irrevocable Life Insurance Trust. The reporting person no longer serves as trustee of the Daniel and Joan Levangie Irrevocable Life Insurance Trust, and, therefore, is no longer the beneficial owner of such shares. Such shares were previously incorrectly reported as directly owned.

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.