## Edgar Filing: Nussbaum Robert L - Form 4

Nussbaum R	obert L										
Form 4											
June 25, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
UNITED STATES SECONTIES AND EXCHANGE COMMISSION								OMB	3235-0287		
Check th	is box		Was	shington,	D.C. 205	49			Number:		
if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated a		
	Section 16. SECURITIES							burden hours per			
Form 5	<sup>n 4</sup> or <sup>n 5</sup> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response 0.5			
obligation	ns Section 1						-	1935 or Section	n		
may cont	inue.			•	Company				1		
See Instru 1(b).	uction	00(11)	01 010 111		compuny			Č			
(Print or Type I	Responses)										
1. Name and A	Address of Reportir	ng Person <u>*</u>	2. Issuer	Name and	Ticker or T	rading		5. Relationship of	Reporting Pers	son(s) to	
Nussbaum F	Robert L		Symbol	-				Issuer			
			Invitae					(Check all applicable)			
(Last) (First) (Middle) 3. Date of Earliest Tra				ransaction					k all applicable)		
			(Month/D	ay/Year)				Director		Owner	
C/O INVITAE 06/22				6/22/2018				XOfficer (give titleOther (specify below)			
	TION, 1400 16	TH						/	Medical Office	r	
STREET											
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(			Filed(Mor	ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
		1102						_X_Form filed by C Form filed by M			
SAN FRAN	ICISCO, CA 94	+103						Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securitie			5. Amount of 6. Ownership 7. Natu			
Security	(Month/Day/Yea	on Date, if		on(A) or Disp			Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)		Beneficially(D) orBeneficialOwnedIndirect (I)Ownersh			
		(internet)	2 uj, 1 cui)	(1115111-0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(lindi o und i)			
Common Stock	06/22/2018			А	125,000 (1)	А	\$0	179,435	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addr	'ess	Relationships						
	Director	10% Owner	Officer	Other				
Nussbaum Robert L C/O INVITAE CORPORAT 1400 16TH STREET SAN FRANCISCO, CA 9410			Chief Medical Officer					
Signatures								
/s/ Robert Nussbaum	06/25/2018							
distance of the second s								

\*\*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).
- Shares issuable upon settlement of a restricted stock unit award that vests in three equal installments, with 1/3rd of the total award vesting (1) on each of: August 15, 2019, 2020 and 2021.

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.