Edgar Filing: PERKINELMER INC - Form 4

PERKINELN	MER INC										
Form 4	2016										
February 10,											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						T	PPROVAL			
-	UNITE	DSIAIL			and EA a, D.C. 20		NGE		OMB Number:	3235-0287	
Check thi	s box		vv as	migton	l, D.C. 20	343				January 31,	
if no long		EMENT O	F CHAN	GES IN	BENEF		LOW	NERSHIP OF	Expires:	Expires: 200	
subject to Section 10		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.5		
Form 4 or											
Form 5	Filed	pursuant to	Section 16	6(a) of th	he Securit	ies Ez	kchang	ge Act of 1934,			
obligatior may conti		17(a) of the	Public Ut	ility Ho	lding Con	ipany	Act o	f 1935 or Sectio	on		
See Instru		30(h)) of the Inv	vestmen	t Compan	y Act	of 19	40			
1(b).											
(Print or Type R	Responses)										
	ddress of Report	ing Person <u>*</u>	2. Issuer	Name an	d Ticker or	Tradin	g	5. Relationship o	f Reporting Per	son(s) to	
DiVincenzo Jonathan P. Symbol				nbol				Issuer			
			PERKIN	JELME	R INC [P]	KI]		(Che	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Transaction						
				Month/Day/Year)				Director X Officer (giv		6 Owner	
940 WINTE	RSTREET		02/09/20)16				below)	below)	er (specify	
								Plea	ise See Remark	S	
(Street) 4.			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Yea	ar)			Applicable Line)	One Denertine D		
WALTHAN	A NAA 00451							_X_ Form filed by Form filed by I	More than One Re		
WALIHAM	I, MA 02451							Person			
(City)	(State)	(Zip)	Table	e I - Non-	Derivative	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction					5. Amount of	6. Ownership				
Security (Instr. 3)	(Month/Day/Y	ear) Executi any	on Date, if TransactionAcquired Code Disposed					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Insu: 5)		•	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Cada	V A	or	Dela	(Instr. 3 and 4)			
Common				Code	V Amount 7,095	(D)	Price				
Stock	02/09/2016			А	(<u>1</u>)	А	\$0	23,158	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. Transactio Code (Instr. 8)	5. Number of 6. Date Exercisable and iorDerivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S ()	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
NQ Stock Option (right to buy)	\$ 42.47	02/09/2016		А	31,917	(2)	02/09/2023	Common Stock	31,917	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DiVincenzo Jonathan P. 940 WINTER STREET WALTHAM, MA 02451			Please See Remarks				
Signatures							
/s/ John L. Healy (POA on file) fo DiVincenzo	02/10/2016						
<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).
- (1) Shares are time-based restricted stock that are scheduled to fully vest on the third anniversary of the date of grant.
- (2) This option is scheduled to vest in three equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

Senior Vice President and President, Environmental Health

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.