

Bebo Allison P
 Form 3
 September 21, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * ^ Bebo Allison P (Last) (First) (Middle) 250 CAMPUS DRIVE (Street) MARLBOROUGH, MA 01752 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/13/2017	3. Issuer Name and Ticker or Trading Symbol HOLOGIC INC [HOLX]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Human Resources	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	---	--	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	15,473 ⁽¹⁾ ₍₂₎	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

Edgar Filing: Bebo Allison P - Form 3

				Shares		(I) (Instr. 5)	
Non-qualified Stock Option (Right to Buy)	Â (3)	11/05/2025	Common Stock	9,541	\$ 39.96	D	Â
Non-qualified Stock Option (Right to Buy)	Â (3)	12/01/2026	Common Stock	10,775	\$ 37.64	D	Â
Non-qualified Stock Option (Right to Buy)	Â (4)	03/01/2025	Common Stock	9,065	\$ 32.38	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bebo Allison P 250 CAMPUS DRIVE MARLBOROUGH, MA 01752	Â	Â	Â SVP, Human Resources	Â

Signatures

/s/ Patricia K. Dolan, attorney-in-fact for Ms. Bebo 09/21/2017

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Includes Restricted Stock Units (RSUs) which vest in equal installments on each of the first three or four anniversaries of the grant date and are settled in shares of common stock.
- (2) Includes 4,736 shares or RSUs subject to deferral pursuant to the Issuer's Deferred Equity Plan.
- (3) This option to purchase common stock becomes exercisable in equal installments on each of the first four anniversaries of the grant date.
- (4) This option to purchase common stock becomes exercisable in equal installments on each of the first five anniversaries of the grant date.

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.