Edgar Filing: LUMINEX CORP - Form 4

| LUMINEX C | ORP | | | | | | | | | |
|--|---|-----------------|---|--------------|--|---|--|---|---|--|
| Form 4 | | | | | | | | | | |
| March 24, 201 | 16 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | PPROVAL | | | |
| Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Subject to Section 16. Form 4 or | | | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligations may contir <i>See</i> Instruc 1(b). | Section 17(a |) of the H | Public Uti | ility Hold | ing Com | | ge Act of 1934, of 1935 or Sectic 40 | n | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> SHAMIR NACHUM | | | 2. Issuer Name and Ticker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | LUMINEX CORP [LMNX] | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 12212 TECHNOLOGY BLVD | | | 3. Date of Earliest Transaction(Month/Day/Year)03/22/2016 | | | X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO | | | | |
| (Street) | | | 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 | | | | |
| AUSTIN, TX | K 78727 | | | | | | | More than One Re | | |
| (City) | (State) (2 | Zip) | Table | e I - Non-De | erivative S | Securities Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | | | 4. Securit onAcquired Disposed (Instr. 3, Amount | (A) or of (D) 4 and 5) (A) or | 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) | |
| Common Stock | | | | | | | 106,000 | 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amou Numb Shares |
| Stock Option (Right To Buy) | \$ 19.13 | 03/22/2016 | | А | 177,880 | 03/22/2017 <u>(1)</u> | 03/22/2023 | Common Stock | 177,8 |

Reporting Owners

| Reporting Owner Name / Address | | Rel | | | | | | |
|--|----------------------------|------------|-----------------|--|--|--|--|--|
| | Director 10% Owner Officer | | Other | | | | | |
| SHAMIR NACHUM 12212 TECHNOLOGY BLVD AUSTIN, TX 78727 | Х | | President & CEO | | | | | |
| Signatures | | | | | | | | |
| /S/ HARRISS T.CURRIE, AS A SHAMIR | | 03/24/2016 | | | | | | |
| <u>**</u> Signa | | 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) Options vest 25% on first anniversary of the grant, 25% on second anniversary of the grant, 25% on the third anniversary of the grant and 25% on the fourth anniversary of the grant

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.