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| HOLOGIC Form 4 | | | | | | | | | |
|--|---|--|--|---|--|--|---|--|--|
| November FORM | ЛЛ | | | | | | PPROVAL | | |
| | UNITED | STATES S | ECURITIES A Washington, | | NGE COMMISSION | OMB Number: | 3235-0287 | | |
| Check t if no los subject Section | nger to STATEN 16. | MENT OF (| CHANGES IN SECUR | | L OWNERSHIP OF | Estimated a burden hou | ırs per | | |
| Form 4 Form 5 obligati may co <i>See</i> Inst 1(b). | Filed put ons ntinue. Section 17 | (a) of the Pu | | ding Company | xchange Act of 1934, 7 Act of 1935 or Section t of 1940 | response on | . 0.5 | | |
| (Print or Type | Responses) | | | | | | | | |
| | Address of Reporting EE ROBERT H | Sy | 2. Issuer Name and ymbol IOLOGIC INC | | Issuer | | | | |
| (Last) | (First) (| | . Date of Earliest Ti | | (Che | (Check all applicable) | | | |
| 35 CROSBY DRIVE | | | Month/Day/Year) 0/31/2005 | | below) | Officer (give title Other (specify | | | |
| | (Street) | | . If Amendment, Da iled(Month/Day/Year | - | 6. Individual or J Applicable Line) _X_ Form filed by Form filed by | | erson | | |
| BEDFORI | D, MA 01730 | | | | Person | whole than one it | porting | | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivative Securi | ities Acquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | Code Year) (Instr. 8) | 4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5 (A) or | 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) | | |
| D . I D | , , <u>1</u> | 6 I I | Code V | | Price | | | | |
| Keminder: Re | port on a separate line | e ior each class | s or securities benef | Persons wh information required to | ectly or indirectly. To respond to the collect contained in this form respond unless the for currently valid OMB col | are not m | SEC 1474 (9-02) | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amour |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|--------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securit |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|-------------------------------|------------------------------------|------------|------------------|------------|---|---------------------|--------------------|-----------------|---------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Share |
| Non-Qualified Stock Option | \$ 55.46 | 10/31/2005 | | А | 5,000 | 10/31/2005 | 10/31/2015 | Common Stock | 5,0 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|----------------|-------|--|
| 1 | Director | 10% Owner | Officer | Other | |
| LAVALLEE ROBERT H 35 CROSBY DRIVE BEDFORD, MA 01730 | | | Vice President | | |
| Signatures | | | | | |

iynalu

Robert Lavallee 11/02/2005

**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). **

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.