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Shuster Lewis Form 4	8										
December 03	, 2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE						NGE (COMMISSION		OMB APPROVAL		
Check this	Was	Washington, D.C. 20549					Number:	3235-0287			
if no longe subject to Section 16 Form 4 or	er STATE	EMENT O	GES IN BENEFICIAL OWNERSHIP OF SECURITIES				NERSHIP OF	Expires: January 20 Estimated average burden hours per response			
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
Shuster Lewis Symb			Symbol	2. Issuer Name and Ticker or Trading Symbol COMPLETE GENOMICS INC				5. Relationship of Reporting Person(s) to Issuer			
			[GNOM]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				X_ Director10% Owner Officer (give titleOther (specify below)Other (specify				
	ETE GENOM		11/30/20)12							
	(Street)	(Street) 4. If Amen Filed(Mont			e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MOUNTAIN	VIEW, CA 9	94043							Iore than One R		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned	
(Instr. 3) any				4. Securities ionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
stock, par value \$0.001	11/30/2012			М	833	А	\$ 0 (1)	1,666	D		

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

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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)	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)	Derivative	Expiration D (Month/Day,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(2)</u>	11/30/2012		М	833	<u>(3)</u>	(3)	Common Stock	833	\$ C

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Shuster Lewis C/O COMPLETE GENOMICS, INC. 2071 STIERLIN COURT MOUNTAIN VIEW, CA 94043	х						
Signatures							
/s/ Maureen Monahan, Attorney in Fac Shuster	t for Mr.		12/03/2	2012			

**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) The shares were acquired upon vesting and conversion of Restricted stock Units, which were received as a grant for which no consideration was paid.
- (2) Upon vesting, Reporting Person is entitled to receive one share of common stock for each restricted stock unit.

The restricted stock units vest in three successive and equal annual installments measured from November 30, 2010, such that the restricted stock units will vest on the third anniversary of November 30,2010, subject to the Reporting Person's continued employment or

(3) restricted stock units will vest on the unit animetrsaly of November 50,2010, subject to the Reporting Ferson's continued employment of service relationship with the Issuer on each of the vesting dates. Such restricted stock units included a change of account provision such that all unvested awards will immediately vest and become exercisable in connection with a change of control of Issuer.

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.