

HTG MOLECULAR DIAGNOSTICS, INC  
 Form 3  
 May 05, 2015

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

OMB APPROVAL

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**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 * Â GLAXOSMITHKLINE PLC (Last) (First) (Middle)  980 GREAT WEST ROAD (Street)  BRENTFORD MIDDLESEX, Â X0Â TW8 9GS (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/05/2015	3. Issuer Name and Ticker or Trading Symbol HTG MOLECULAR DIAGNOSTICS, INC [HTGM]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	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
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**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)
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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)  Date Exercisable      Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title      Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Series D Convertible Preferred Stock	Â (1)	Â (1)	Common Stock	340,314	\$ (1)	I	See Explanation of Responses (2)
Series E Convertible Preferred Stock	Â (1)	Â (1)	Common Stock	141,797	\$ (1)	I	See Explanation of Responses (2)
Series E Convertible Preferred Stock Warrant (Right to Buy)	01/14/2015	01/14/2022	Series E Convertible Preferred Stock	2,784,593 (3)	\$ 0.2189 (3)	I	See Explanation of Responses (2)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GLAXOSMITHKLINE PLC 980 GREAT WEST ROAD BRENTFORD MIDDLESEX,Â X0Â TW8 9GS	Â	Â X	Â	Â

## Signatures

/s/ Victoria Whyte, Company Secretary  
05/05/2015

\_\_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).
- The Series D Convertible Preferred Stock and Series E Convertible Preferred Stock are each convertible into Common Stock at any time
- (1) at the holder's election and upon the consummation of a qualified public offering of the registrant. There is no expiration date for any series of preferred stock.
  - (2) Shares are held by S.R. One Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline PLC (Reporting Person).
  - (3) The 2,784,593 Series E Shares due upon exercise of the Warrants will convert automatically into 25,928 shares of Common Stock with an exercise price of \$23.507 per share upon the closing of the Issuer's initial public offering.

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.