

Accelerate Diagnostics, Inc  
 Form 3  
 March 17, 2017

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
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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 Price Ron (Last) (First) (Middle)  C/O ACCELERATE DIAGNOSTICS, INC., Â 3950 S. COUNTRY CLUB RD., SUITE 470 (Street)  TUCSON, Â AZ Â 85714 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/07/2017	3. Issuer Name and Ticker or Trading Symbol Accelerate Diagnostics, Inc [AXDX]	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 & HEAD OF COM OPS AMERICAS	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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Accelerate Diagnostics, Inc - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	05/27/2025	Common Stock	100,000	\$ 22.66	D	Â
Employee Stock Option (right to buy)	02/17/2017	02/17/2026	Common Stock	2,749	\$ 11.52	D	Â
Employee Stock Option (right to buy)	Â (2)	03/17/2026	Common Stock	30,000	\$ 12.42	D	Â
Employee Stock Option (right to buy)	Â (3)	02/23/2027	Common Stock	7,836	\$ 24.45	D	Â
Employee Stock Option (right to buy)	Â (4)	02/23/2027	Common Stock	25,000	\$ 24.45	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships				Other
	Director	10% Owner	Officer		
Price Ron C/O ACCELERATE DIAGNOSTICS, INC. 3950 S. COUNTRY CLUB RD., SUITE 470 TUCSON, AZ 85714	Â	Â	Â SVP & HEAD OF COM OPS AMERICAS		Â

## Signatures

/s/ David Hinnant,  
attorney-in-fact

03/15/2017

\*\*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) 40% of the options vest on May 27, 2017, and the balance vests in 36 equal monthly installments beginning on June 27, 2017.

(2) The option vests in five equal annual installments beginning on March 17, 2017.

(3) The option vests in 12 equal monthly installments beginning on February 23, 2018.

(4) The option vests in five equal annual installments beginning on February 23, 2018.

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### Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.