Edgar Filing: INVERNESS MEDICAL INNOVATIONS INC - Form 3

INVERNESS MEDICAL INNOVATIONS INC

Form 3

January 17, 2008

FORM 3

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

OMB APPROVAL

OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

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

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement INVERNESS MEDICAL INNOVATIONS INC [IMA] A Hart Emanuel (Month/Day/Year) 01/07/2008 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 51 SAWYER ROAD, SUITE (Check all applicable) 200 (Street) 6. Individual or Joint/Group 10% Owner Director _X__ Officer Other Filing(Check Applicable Line) (give title below) (specify below) _X_ Form filed by One Reporting VP, Lat. Am., Africa & Russia Person WALTHAM, MAÂ 02453 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock 6,523 D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 5. 6. Nature of Indirect (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial (Month/Day/Year) **Derivative Security** or Exercise Form of Ownership (Instr. 4) Price of Derivative (Instr. 5) Derivative Security: Title Direct (D) Security

Edgar Filing: INVERNESS MEDICAL INNOVATIONS INC - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	(1)	12/06/2011	Common Stock	15,000	\$ 17.49	D	Â
Employee Stock Option (Right to Buy)	(2)	05/13/2008	Common Stock	4,000	\$ 5.3	D	Â
Employee Stock Option (Right to Buy)	11/21/2001	07/06/2010	Common Stock	1,200	\$ 4.38	D	Â
Employee Stock Option (Right to Buy)	09/30/2002	08/23/2012	Common Stock	2,316	\$ 15.55	D	Â
Employee Stock Option (Right to Buy)	(3)	10/04/2016	Common Stock	9,000	\$ 34.4	D	Â
Employee Stock Option (Right to Buy)	(4)	08/31/2017	Common Stock	5,000	\$ 48.14	D	Â
Employee Stock Option (Right to Buy)	(5)	12/31/2017	Common Stock	15,000	\$ 56.18	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
Fg	Director	10% Owner	Officer	Other	
Hart Emanuel 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453	Â	Â	VP, Lat. Am., Africa & Russia	Â	

Signatures

/s/ Jay McNamara, Attorney in Fact 01/17/2008

**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) This option becomes exercisable in four equal annual installments beginning on 12/6/2002.
- (2) This option becomes exercisable in four equal annual installments beginning on 5/13/1999.
- (3) This option becomes excercisable in four equal annual installments beginning on 10/4/2007.
- (4) This option becomes exercisable in four equal annual installments beginning 8/31/2008.
- (5) This option becomes exercisable in four equal annual installments beginning 12/31/2008.

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.

Reporting Owners 2