YONKIN JOHN Form 5

February 12, 2010

FORM 5

OMB APPROVAL

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

OMB Number: 3235-0362 January 31,

1.0

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

Expires: 2005

INT OF CHANGES IN BENEFICIAL

SCHIP OF SECURITIES

Expires: 2005

Estimated average burden hours per

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

See Instruction
1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4 30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person *YONKIN JOHN			2. Issuer Name and Ticker or Trading Symbol INVERNESS MEDICAL INNOVATIONS INC [IMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)		(N 12	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009				Director 10% Owner Officer (give title Other (specify below) Vice President, Manuf. & Qual				
31 3A W 11	51 SAWYER ROAD, SUITE 200										
(Street) 4. If Amendment, Date Original 6. I Filed(Month/Day/Year)				6. In	ndividual or Joint/Group Reporting (check applicable line)						
WALTHAM, MA 02453 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person											
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ite, if	3. Transaction Code (Instr. 8)	or Dispos (Instr. 3,	sed of 4 and (A) or	5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/30/2009	Â	•	J <u>(1)</u>	Amount 493	(D) A	Price \$ 17.5185	8,317	D	Â	
Common Stock	12/31/2009	Â	•	J <u>(1)</u>	315	A	\$ 29.784	8,632	D	Â	

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

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SEC 2270 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
		Derivative				Securities			(Instr.	3 and 4)	
		Security				Acquired					
		·				(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
										Amount	
							Date	Expiration	 .	or	
						Exercisable Date	-	Title	Number		
										of	
						(A) (D)				Shares	

of D

Is

Reporting Owners

Reporting Owner Name / Address	Relationships						
-	Director	10% Owner	Officer	Other			
YONKIN JOHN	^	^	Vice	Ŷ			
51 SAWYER ROAD, SUITE 200	Ã	Ä	President,	Α			
WALTHAM, MA 02453			Manuf. & Qua	al			

Signatures

/s/ Jay McNamara, Attorney in Fact 02/12/2010

**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) These securities were acquired under the Inverness Medical Innovations, Inc. Employee Stock Purchase Plan. These transactions, which are exempt from Section 16(b) by virtue of Rule 16-3(c), are being voluntarily reported.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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