## Edgar Filing: Yee James P - Form 4

| Yee James P<br>Form 4<br>January 23, 2                                                                                  |                            |                        |                               |           |            |                                                            |                                       |                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|-------------------------------|-----------|------------|------------------------------------------------------------|---------------------------------------|-------------------------|--|--|
| FORM                                                                                                                    | OMB AF                     | OMB APPROVAL           |                               |           |            |                                                            |                                       |                         |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549                                          |                            |                        |                               |           |            |                                                            | OMB<br>Number:                        | 3235-0287               |  |  |
| Check th                                                                                                                |                            |                        |                               |           |            |                                                            | Expires:                              | January 31,             |  |  |
| if no long<br>subject to                                                                                                |                            | <b>OF CHANGES IN</b>   | GES IN BENEFICIAL OWNERSHIP ( |           |            |                                                            |                                       | 2005                    |  |  |
|                                                                                                                         | Section 16. SECURITIES     |                        |                               |           |            |                                                            | Estimated average<br>burden hours per |                         |  |  |
| Form 4 c                                                                                                                | or                         |                        |                               |           |            |                                                            | response 0.5                          |                         |  |  |
| Form 5                                                                                                                  |                            | Section 16(a) of the   |                               |           | -          |                                                            |                                       |                         |  |  |
| obligatio<br>may cont                                                                                                   | tinue. Section 17(a) of th | e Public Utility Hol   | •                             |           |            |                                                            | n                                     |                         |  |  |
| See Instr                                                                                                               |                            | n) of the Investment   | Compan                        | y Act     | of 194     | 0                                                          |                                       |                         |  |  |
| 1(b).                                                                                                                   |                            |                        |                               |           |            |                                                            |                                       |                         |  |  |
|                                                                                                                         |                            |                        |                               |           |            |                                                            |                                       |                         |  |  |
| (Print or Type l                                                                                                        | Responses)                 |                        |                               |           |            |                                                            |                                       |                         |  |  |
| 1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of Reporting |                            |                        |                               |           |            |                                                            | Reporting Pers                        | on(s) to                |  |  |
| Yee James                                                                                                               | P                          | Symbol                 |                               |           |            | Issuer                                                     |                                       |                         |  |  |
|                                                                                                                         |                            | CareDx, Inc. [CI       | reDx, Inc. [CDNA]             |           |            |                                                            | (Check all applicable)                |                         |  |  |
| (Last)                                                                                                                  | (First) (Middle)           | 3. Date of Earliest T  | ransaction                    |           |            | (Chee                                                      | k un uppneuble                        | )                       |  |  |
|                                                                                                                         |                            | (Month/Day/Year)       | onth/Day/Year)                |           |            | Director 10% Owner                                         |                                       |                         |  |  |
|                                                                                                                         |                            |                        | /22/2019                      |           |            | X Officer (give title Other (specify                       |                                       |                         |  |  |
| BAYSHOR                                                                                                                 | E BOULEVARD                |                        | below)                        |           |            |                                                            | below)<br>f Medical Officer           |                         |  |  |
|                                                                                                                         | (Streat)                   |                        |                               |           |            |                                                            |                                       |                         |  |  |
|                                                                                                                         |                            |                        | endment, Date Original        |           |            | 6. Individual or Joint/Group Filing(Check                  |                                       |                         |  |  |
|                                                                                                                         |                            | Filed(Month/Day/Yea    | r)                            |           |            | Applicable Line)<br>_X_ Form filed by One Reporting Person |                                       |                         |  |  |
| BRISBANE                                                                                                                | F CA 9/005                 |                        |                               |           |            | Form filed by M                                            |                                       |                         |  |  |
| DRISDANL                                                                                                                | 2, CA 94005                |                        |                               |           |            | Person                                                     |                                       |                         |  |  |
| (City)                                                                                                                  | (State) (Zip)              | Table I - Non-I        | Derivative                    | Securit   | ies Acq    | uired, Disposed of                                         | , or Beneficial                       | ly Owned                |  |  |
| 1.Title of                                                                                                              | 2. Transaction Date 2A. De |                        | 4. Securi                     |           |            | 5. Amount of                                               | 6. Ownership                          | 7. Nature of            |  |  |
| Security                                                                                                                | (Month/Day/Year) Execut    | ion Date, if Transacti | on(A) or Di                   | -         |            | Securities                                                 | Form: Direct                          | Indirect                |  |  |
| (Instr. 3)                                                                                                              | any                        | Code                   |                               |           |            |                                                            | (D) or                                | Beneficial              |  |  |
|                                                                                                                         | (Mont                      | n/Day/Year) (Instr. 8) |                               |           |            | Owned<br>Following                                         | Indirect (I)<br>(Instr. 4)            | Ownership<br>(Instr. 4) |  |  |
|                                                                                                                         |                            |                        |                               |           |            | Reported                                                   | (1130. 7)                             | (1150. 4)               |  |  |
|                                                                                                                         |                            |                        |                               | (A)       |            | Transaction(s)                                             |                                       |                         |  |  |
|                                                                                                                         |                            | Code V                 | Amount                        | or<br>(D) | Price      | (Instr. 3 and 4)                                           |                                       |                         |  |  |
| Common                                                                                                                  |                            |                        |                               | _         | \$         |                                                            |                                       |                         |  |  |
| Stock                                                                                                                   | 01/22/2019                 | F <u>(1)</u>           | 2,139                         | 1)        | ¢<br>25.05 | 57,505                                                     | D                                     |                         |  |  |
| Stock                                                                                                                   |                            |                        |                               |           | _0.00      |                                                            |                                       |                         |  |  |

Reminder: Report on a separate line for each class of securities beneficially 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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | of (Month/Day/Year)<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (Instr. 3,<br>4, and 5)<br>(A) (D)                                                          | Date<br>Exercisable | Expiration<br>Date | Title                                        | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                            |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                            | Relationships |                           |                       |       |  |  |  |  |
|----------------------------------------------------------------------------------|---------------|---------------------------|-----------------------|-------|--|--|--|--|
|                                                                                  | Director      | irector 10% Owner Officer |                       | Other |  |  |  |  |
| Yee James P<br>C/O CAREDX, INC.<br>3260 BAYSHORE BOULEVARD<br>BRISBANE, CA 94005 |               |                           | Chief Medical Officer |       |  |  |  |  |
| Signatures                                                                       |               |                           |                       |       |  |  |  |  |
| /s/ Peter Maag, as attorney-in-fact for Ph.D.                                    | or James 1    | P. Yee,                   | 01/23/2019            |       |  |  |  |  |
| **Signature of Reporting Pers                                                    | son           |                           | 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 shares were withheld by the Issuer in order to satisfy certain tax withholding obligations in connection with the issuance of shares upon the vesting of restricted stock units.

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.