

Bebo Allison P  
 Form 3  
 September 21, 2017

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

OMB APPROVAL  
 OMB Number: 3235-0104  
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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 * ^ Bebo Allison P (Last) (First) (Middle)			2. Date of Event Requiring Statement (Month/Day/Year) 09/13/2017		3. Issuer Name and Ticker or Trading Symbol HOLOGIC INC [HOLX]	
250 CAMPUS DRIVE (Street)					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, Human Resources	
MARLBOROUGH, MA 01752 (City) (State) (Zip)					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	

**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)
Common Stock	15,473 <sup>(1)</sup> <sub>(2)</sub>	D	^

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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title                      Amount or Number of			

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				Shares		(I) (Instr. 5)	
Non-qualified Stock Option (Right to Buy)	Â (3)	11/05/2025	Common Stock	9,541	\$ 39.96	D	Â
Non-qualified Stock Option (Right to Buy)	Â (3)	12/01/2026	Common Stock	10,775	\$ 37.64	D	Â
Non-qualified Stock Option (Right to Buy)	Â (4)	03/01/2025	Common Stock	9,065	\$ 32.38	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bebo Allison P 250 CAMPUS DRIVE MARLBOROUGH, MA 01752	Â	Â	Â SVP, Human Resources	Â

## Signatures

/s/ Patricia K. Dolan, attorney-in-fact for Ms. Bebo 09/21/2017

\_\_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) Includes Restricted Stock Units (RSUs) which vest in equal installments on each of the first three or four anniversaries of the grant date and are settled in shares of common stock.
- (2) Includes 4,736 shares or RSUs subject to deferral pursuant to the Issuer's Deferred Equity Plan.
- (3) This option to purchase common stock becomes exercisable in equal installments on each of the first four anniversaries of the grant date.
- (4) This option to purchase common stock becomes exercisable in equal installments on each of the first five anniversaries of the grant date.

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.