#### Edgar Filing: INVERNESS MEDICAL INNOVATIONS INC - Form 4

#### INVERNESS MEDICAL INNOVATIONS INC

Form 4

October 28, 2005

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

OMB Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Check this box

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SCOTT DAVID	2. Issuer Name and Ticker or Trading Symbol INVERNESS MEDICAL	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
	INNOVATIONS INC [IMA]	( un approuere)		
(Last) (First) (Middle) 51 SAWYER ROAD, SUITE 200	3. Date of Earliest Transaction (Month/Day/Year) 10/13/2005	X Director 10% Owner Some of the control of the con		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
WALTHAM, MA 02453	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (2	Zip) Tabl	e I - Non-D	erivative S	Secur	ities Acc	quired, Disposed	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			ed of	5. Amount of 6. Own Securities Form: I Beneficially (D) or Owned Indirec	Form: Direct	vnership 7. Nature of : Direct Indirect r Beneficial ect (I) Ownership
G.			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	10/13/2005		M	7,800	A	\$ 0.75	7,800	D	
Common Stock	10/13/2005		M	5,200	A	\$ 1.24	5,200	D	
Common Stock							38,173	D	
Common Stock - restricted							399,381	D	

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number coof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Employee Stock Option (right to buy)	\$ 0.75	10/13/2005		M	7,800	11/20/2001(2)	10/17/2005	Common Stock	7,800
Employee Stock Option (right to buy)	\$ 1.24	10/13/2005		M	5,200	11/20/2001(2)	10/17/2005	Common Stock	5,200

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCOTT DAVID 51 SAWYER ROAD, SUITE 200 WALTHAM, MA 02453	X		Chief Scientific Officer				
Signatures							
/s/ Jay McNamara, Attorney in Fact	10/28/2	005					
**Signature of Reporting Person	Date						

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## **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) This derivative security does not have a price.
  - This option was acquired through a restructuring transaction undertaken by the Issuer's former parent, Inverness Medical Technology,
- (2) Inc., in connection with the consummation of the transactions contemplated by the agreement and plan of split-off and merger dated as of May 23, 2001 among Johnson & Johnson, Sunrise Acquisition Corp. and Inverness Medical Technology, Inc.

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.