Chiniara Elle Form 5 February 13,	2009								OMB AP	PROVAL	
<b>FORM</b> Check this no longer s	<b>UNITED</b> box if	STATES SEC	URITIES AN Vashington, 1			IGE C	COM	MISSION	OMB Number: Expires:	3235-0362 January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction						Estimated average burden hours per response 1.0					
1(b). Form 3 Ho Reported Form 4 Transaction Reported	oldings Section 170			ing Comp	bany	Act of	f 193:				
1. Name and Address of Reporting Person <u>*</u> Chiniara Ellen		Symb INV	2. Issuer Name <b>and</b> Ticker or Trading Symbol INVERNESS MEDICAL INNOVATIONS INC [IMA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (	(Mon	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008		ided		Director 10% Owner X Officer (give title Other (specify below) below) General Counsel and Asst. Sec.				
51 SAWYEI	(Street)	4. If <i>A</i>	Amendment, Date Month/Day/Year)	e Original			6. In	dividual or Join			
WALTHAM, MA 02453 _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person											
(City)	(State)	(Zip)	able I - Non-De	erivative Se	ecurit	ies Acq	luired	, Disposed of,	or Beneficiall	y Owned	
Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	4. Securi or Dispo (Instr. 3, Amount	sed of	(D)		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	06/30/2008	Â	J <u>(1)</u>	186	А	\$ 28.	.19	297	D	Â	

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. 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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Chiniara Ellen 51 SAWYER ROAD, SUITE 200 WALTHAM, MA 02453	Â	Â	General Counsel and Asst. Sec.	Â			

## **Signatures**

/s/ Ellen V.	02/13/2009			
Chiniara				
**Cionatura of	Data			

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).
- These securities were acquired under the Inverness Medical Innovations, inc. Employee Stock Purchase Plan. This transaction, which is (1) exempt from Section 16(b) by virtue of Rule 16-3(c), is 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.