INVERNESS MEDICAL INNOVATIONS INC Form 3 May 10, 2010 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

## **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

## OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>DITULLIO ROBERT  |          |                 | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol<br>INVERNESS MEDICAL INNOVATIONS INC [IMA]                     |  |                           |   |  |
|---|----------|-----------------|---|--|--|---------------------------|---|--|
| (Last)  | (First)  | (Middle)        | 04/30/2010  | <ul><li>4. Relationship of Reporting Person(s) to Issuer</li><li>(Check all applicable)</li></ul>          |  |                           | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |
| 51 SAWYER<br>200  | ROAD,Â   | SUITE           |   |  |  |                           |   |  |
| WALTHAM   | (Street) | )2453           |   | Director 10% Owner<br>X_Officer Other<br>(give title below) (specify below)<br>VP, Global Reg and Clinical |  |                           | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |
| (City)  | (State)  | (Zip)           | Table I - N   | Non-Derivat  | ive Securiti   | es Be                     | neficially Owned  |  |
| 1.Title of Securi<br>(Instr. 4)   | ty       |                 | 2. Amount o<br>Beneficially<br>(Instr. 4)                   |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr. | *   |  |
| Reminder: Report<br>owned directly o  |          | ate line for ea | ach class of securities benefic                             | <sup>ially</sup> S   | EC 1473 (7-02  | )                         |   |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |          |                 |   |  |  |                           |   |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |          |                 |   |  |  |                           |   |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security |                                  | 4.<br>Conversion<br>or Exercise | 5.<br>Ownership<br>Form of                    | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|----------------------------------|---------------------------------|---|---|
|   |  |                    | (Instr. 4)   |                                  | Price of                        | Derivative                                    |   |
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares | Derivative<br>Security          | Security:<br>Direct (D)<br>or Indirect<br>(I) |   |

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|---------------|---------------|------------------|-----------------|
|---------------|---------------|------------------|-----------------|

| Employee Stock Option<br>(Right to Buy) (2)<br>Reporting Owne      | _               | 04/30/2020 | Common<br>Stock            | 20,000     | \$ 39.78   | (Instr. 5)<br>D | Â |
|--|-----------------|------------|----------------------------|------------|------------|-----------------|---|
| Reporting Owner Name / Addr  | ess<br>Director | 10% Owner  | <b>Relation</b><br>Officer | ships      |            | Other           |   |
| DITULLIO ROBERT<br>51 SAWYER ROAD<br>SUITE 200<br>WALTHAM, MA 0245 | Â<br>3          | Â          | VP, Glo                    | bal Reg an | d Clinical | Â               |   |
| Signatures   |                 |            |                            |            |            |                 |   |
| /s/ Jay McNamara, Attorney<br>in Fact                              | 7               | 05/10/2010 |                            |            |            |                 |   |
| **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) This option becomes exercisable in four equal annual installments beginning April 30, 2011.
- (2) This option was approved by the Board of Directors on April 7, 2010, but granted as of April 30th 2010 pursuant to the Issuer's granting policy.

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.