ALERE INC. Form 5

February 14, 2014

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per OWNERSHIP OF SECURITIES 5 obligations response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported

1. Name and Ac Cramp Danie	*	rting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALERE INC. [ALR]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013	(Check all applicable)  Director 10% Owner _X_ Officer (give title Other (specify				
51 SAWYER ROAD, SUITE 200				below) below) Pres., Chronic Care			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting			
				(check applicable line)			

### WALTHAM, MAÂ 02453

\_X\_ Form Filed by One Reporting Person \_ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	ole I - Non-De	rivative S	ecurit	ies Acquired	l, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi or Dispo (Instr. 3,	sed of 4 and (A) or	` '	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	06/30/2013	Â	J <u>(1)</u>	658	A	\$ 16.1415	5,014	D	Â
Common Stock	12/31/2013	Â	<u>J(1)</u>	499	A	\$ 21.2925	5,513	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	275	I	See Footnote (2)

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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.

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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	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exerc Expiration Day/ (Month/Day/	ate	7. Title Amount Underly Securities	t of ying	8. Price of Derivative Security (Instr. 5)	
	Derivative Security			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 3	3 and 4)		
				(A) (D)	Date Exercisable	Expiration Date	Title N	Number		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
Cramp Daniella 51 SAWYER ROAD, SUITE 200	Â	Â	Pres., Chronic	Â			
WALTHAM, MA 02453	71	71	Care	11			

## **Signatures**

/s/ Jay McNamara, Attorney-In-Fact 02/14/2014

\*\*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).
- (1) These securities were acquired under the Alere Inc. Employee Stock Purchase Plan. These transactions, which are exempt from Section 16(b) by virtue of Rule 16-3(c), are being voluntarily reported.
- (2) These securities are owned by the Cramp Family Trust for which the reporting person and her spouse are the trustees.

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.

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