CareDx, Inc. Form 3 April 25, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

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 <u>*</u> Karlsson Anders			Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CareDx, Inc. [CDNA]				
(Last) (F	First)	(Middle)	04/14/2016		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O CAREDX, INC., 3260 BAYSHORE BOULEVARD					(Check all applicable)				
(Si	treet)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
BRISBANE, CA 94005					See Remarks			Person Form filed by More than One Reporting Person	
(City) (S	tate)	(Zip)	Т	able I - N	lon-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)			В	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Reminder: Report of owned directly or in	•	e line for ea	ch class of securi	ties benefici	ally S	EC 1473 (7-02)		
	informa require	tion conta d to respo	oond to the col ined in this for nd unless the f IB control num	rm are not form displa					
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		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
F8	Director	10% Owner	Officer	Other			
Karlsson Anders C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005	Â	Â	See Remarks	Â			
Signatures							
/s/ Charles Constanti, by power of attorney							
**Signature of Reporting Person		Date					
Evaluation of Responses:							

EXPLANATION OT RESPONSES: No securities are beneficially owned

* 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).

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Remarks:

Chief International Business Â Officer

Exhibit List: Exhibit 24 - Power of Attorney

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.