## Edgar Filing: Conroy Kevin T - Form 4

Conroy Kevi Form 4												
January 04, 2												
FORM	14 <sub>UNITE</sub>	D STATES	SECUR	TIES	5 A	ND EXC	HAN	IGE C	OMMISSION		PROVAL	
						D.C. 205				Number:	3235-0287	
Check the if no long	or			CDC I			OTAT	OW		Expires:	January 31, 2005	
subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.							Estimated a burden hou response	iverage				
(Print or Type F	Responses)											
Conroy Kevin T Symbol				r Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of					]	(Check	k all applicable		
				Day/Year)					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and CEO			
MADISON,	(Street) WI 53719		4. If Ame Filed(Mor			te Original			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	a T. Na	D	<b>:</b> 6			Person	on Donofficial	ha Orana d	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	eate 2A. Deen ar) Executio any		3. Transa Code	nctio	4. Securiti n(A) or Dis (Instr. 3, 4	ies Aco sposed	quired of (D)	) Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s)			
0				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	07/05/2011			G	V	2,919	D	\$0	43,751 <u>(1)</u>	D		
Common Stock	07/13/2011			G	V	2,890	D	\$0	40,861	D		
Common Stock	12/31/2011			М		37,767 (2)	А	\$0	78,628	D		
Common Stock	12/31/2011			F		16,410	D	\$ 8.12	62,218	D		
Common Stock									11,894	I	Held in 401(K) Account	

#### Edgar Filing: Conroy Kevin T - Form 4

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.

# 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. Transactio Code (Instr. 8)	5. Number of onDerivative S Acquired (A Disposed of (Instr. 3, 4,	Securities A) or f (D)	6. Date Exercisable and s Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
	Security			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour Numbe Shares
Restricted Stock Units	<u>(3)</u>	12/31/2011 <u>(4)</u>		А	113,300		(4)	(4)	Common Stock	113,3
Restricted Stock Units	<u>(3)</u>	12/31/2011 <u>(4)</u>		М		37,767	<u>(4)</u>	(4)	Common Stock	75,5

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Conroy Kevin T C/O EXACT SCIENCES CORP. 441 CHARMANY DRIVE MADISON, WI 53719	Х	President and CEO						
Signatures								
/s/ Kevin Conroy by Mark Busch, attorney-in-fact		(	01/04/2012					

#### \*\*Signature of Reporting Person

## **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) Includes 4,031 shares acquired under the Exact Sciences Corporation Employee Stock Purchase Plan on May 2, 2011.
- (2) Represents shares of common stock received upon vesting of a restricted stock unit award.
- (3) Each restricted stock unit represents a contingent right to receive one share of common stock.
- Represents a restricted stock unit award granted on February 17, 2011 and earned on December 31, 2011 based on the satisfaction of (4) certain performance-based vesting requirements. The restricted stock units vest in three equal annual installments beginning on December 31, 2011.

Date

### Edgar Filing: Conroy Kevin T - Form 4

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.