## Edgar Filing: SCHNEIDER PHILLIP M - Form 4

SCHNEIDE	R PHILLIP M											
Form 4												
April 05, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSH					Expires:	January 31, 2005 average		
								NERSHIP OF	Estimated a			
Section 1 Form 4 or	Section 16.				SECURITIES				burden hours per			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	ns Section 1						•	1935 or Section	n			
may cont <i>See</i> Instru	inue.			vestment	•	· ·						
1(b).	iction				1							
(Print or Type F	Responses)											
1 Name and A	ddress of <b>Peport</b> i	ing Person *	0.1	N	T. 1	т I <sup>.</sup>		5 Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person *2. IssuerSCHNEIDER PHILLIP MSymbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			•	V PROBE INC [GPRO]								
(Last)	(First)	(Middle)		f Earliest Tra	-			(Chec	k all applicable	)		
(Lust)	(1130)	(ivitable)	(Month/E		ansaction			X Director	10%	Owner		
GEN-PROBE 04/01/2			-				Officer (give title Other (specify					
INCORPOR	ATED, 10210	)						below)	below)			
GENETIC C	CENTER DRI	VE										
(Street) 4. If Ame			ndment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)					
Filed(Mon				nth/Day/Year)								
	0.00101							_X_Form filed by C Form filed by M				
SAN DIEGO	O, CA 92121							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3.	4. Securit			5. Amount of	6. Ownership			
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially		Indirect Beneficial			
							Owned		Ownership			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	04/01/2011			A <u>(1)</u>	175	(D) A	\$	10,020	D			
Stock							66.06					

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)	4. Transactic Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
SCHNEIDER PHILLIP M GEN-PROBE INCORPORATED 10210 GENETIC CENTER DRIVE SAN DIEGO, CA 92121	Х							
Signatures								
/s/ R. William Bowen, Attorney-in-Fact	0	4/05/2011						
**Signature of Reporting Person		Date						
Evaluation of Responses:								

## **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).
- Represents shares of the issuer's common stock issued to the reporting person pursuant to such individual's election to receive a stock
   (1) award under the Gen-Probe Incorporated 2003 Incentive Award Plan in lieu of a portion of quarterly cash compensation for service on the issuer's Board of Directors.

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.