INVERNESS MEDICAL INNOVATIONS INC Form 3 January 17, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

### **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> Hart Emanuel			<ul><li>2. Date of Event Requiring Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name and Ticker or Trading Symbol INVERNESS MEDICAL INNOVATIONS INC [IMA]			
(Last)	(First)	(Middle)	01/07/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
51 SAWYE	R ROAD,	SUITE					
200				(Check all applicable)			
WALTHAN	(Street) I, MAÂ	02453		Director 10% Owner X_ Officer Other (give title below) (specify below) VP, Lat. Am., Africa & Russia			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Table I - N	Non-Derivat	tive Securiti	es Be	neficially Owned
1.Title of Secu (Instr. 4)	rity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1
Common St	ock		6,523		D	Â	
Reminder: Rep owned directly			ach class of securities benefici	ially S	EC 1473 (7-02	2)	
	infor	mation contain	pond to the collection of ained in this form are not and unless the form displ				

currently valid OMB control number.

#### 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
	· · · ·	2			1
		(Instr. 4)	Price of	Derivative	(Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

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### Edgar Filing: INVERNESS MEDICAL INNOVATIONS INC - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	(1)	12/06/2011	Common Stock	15,000	\$ 17.49	D	Â
Employee Stock Option (Right to Buy)	(2)	05/13/2008	Common Stock	4,000	\$ 5.3	D	Â
Employee Stock Option (Right to Buy)	11/21/2001	07/06/2010	Common Stock	1,200	\$ 4.38	D	Â
Employee Stock Option (Right to Buy)	09/30/2002	08/23/2012	Common Stock	2,316	\$ 15.55	D	Â
Employee Stock Option (Right to Buy)	( <u>3)</u>	10/04/2016	Common Stock	9,000	\$ 34.4	D	Â
Employee Stock Option (Right to Buy)	(4)	08/31/2017	Common Stock	5,000	\$ 48.14	D	Â
Employee Stock Option (Right to Buy)	(5)	12/31/2017	Common Stock	15,000	\$ 56.18	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hart Emanuel 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453	Â	Â	VP, Lat. Am., Africa & Russia	Â		
Cignoturoo						

Date

## Signatures

/s/ Jay McNamara, Attorney	01/17/2008
in Fact	01/1//2008

\*\*Signature of Reporting Person

### **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 on 12/6/2002.
- (2) This option becomes exercisable in four equal annual installments beginning on 5/13/1999.
- (3) This option becomes excercisable in four equal annual installments beginning on 10/4/2007.
- (4) This option becomes exercisable in four equal annual installments beginning 8/31/2008.
- (5) This option becomes exercisable in four equal annual installments beginning 12/31/2008.

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.