FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to | ST |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BARTHELEMY NICOLAS | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLUIDIGM CORP [FLDM] | | | | | | | | | ck all app | ationship of Repor k all applicable) Director Officer (give title below) | | 10% | Owner | |
|--|--|------|---------------|-------------------------------------|-------|--|---|---|---|--------------------------------|------------------------|---|--|----------------------------|--|--|---|---|---------------------------------------|--|
| | ast) (First) (Middle) LUIDIGM CORPORATION 000 SHORELINE COURT, SUITE 100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2020 | | | | | | | | | | | | belo | er (specify w) | |
| (Street) SOUTH: FRANCI (City) | SCO CA | |)4080 Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - N | Non-Deriv | ative | Sec | uritie | s Ac | cquir | ed, D | isposed (| of, or I | Benefic | iall | y Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | rear) | Execution Date | | e, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amou Securitie Benefici Owned F Reporte | es Formalially (D) (I) (I) | | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac | Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | |
| Common Stock | | | | 02/13/2020 | | | | | P | | 12,257 | A | \$3.639 | 9 ⁽¹⁾ | 69,373 | | | I | The Barthelemy 2001 Trust | |
| | | Та | ble II | | | | | | | | posed of, convertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month | | Execu | eemed Ition Date, h/Day/Year) | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate Exe ration I nth/Day | | 7. Title Amou Secur Under Deriva Secur and 4) | nt of ities lying ative ity (Instr. 3 | Di Si (li | Price of erivative ecurity istr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i i illy | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | : cisable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | | |

Explanation of Responses:

1. The range of prices for the transaction reported is between \$3.635 and \$3.64 per share. \$3.639 represents the weighted average purchase price per share. Reporting person will provide upon request by the Commission staff, the issuer, or a security holder of the issuer full information regarding the number of shares purchased at each separate price.

Remarks:

/s/ Nicolas Barthelemy by Nicholas Khadder, Attorney-

02/18/2020

in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.