FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT 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* JONES ROBERT C																5. Relationship of Reportin (Check all applicable) Director Officer (give title			g Person(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) FLUIDIGM CORPORATION 7000 SHORELINE COURT, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 08/20/2014											X Officer (give file Other (specify below) EVP, RESEARCH & DEVELOPMENT					
(Street) SOUTH SAN FRANCISCO (City) (State) (Zip)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es Ac	auir	red. D	Dist	osed (of. o	r Bei	neficia	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Tr	ransact	ion	4. Secur	ities A	cquire		5. Amo Securit Benefic	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										ode V		Amount		(A) or (D)	Price	Transa	ction(s) 3 and 4)			(instr. 4)		
Common Stock 08/20						2014				М		350	350 A		(1)		640		D			
Common Stock 08/2				08/20)/2014	/2014				F		132	2	D	\$28.	05	508		D			
	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. Deeme Execution if any (Month/Day	Date,	I. Fransaction Code (Instr. 3)				6. Date Exercisal Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exerc	cisable	Ex Da	piration ite	Title		Amount or Number of Shares							
Restricted Stock Units	(1)	08/20/2014			М			350	((2)		(2)	Comi		350	\$0	4,784		D			

Explanation of Responses:

- 1. Each Restricted Stock Unit represents the contingent right to receive one share of FLDM common stock upon vesting of the unit.
- 2. On March 14, 2014, the Reporting Person was granted 5,600 Restricted Stock Units of which 4/48th of the total number of shares underlying the Restricted Stock Units granted vested on May 20, 2014, and 3/48th of the total number of shares underlying the Restricted Stock Units granted will vest every three months thereafter until fully vested, subject to recipient's continued status as a Service Provider as defined in the Company's 2011 Equity Incentive Plan through the applicable vest date.

Remarks:

/s/ Valerie Barnett, attorney-in-

08/22/2014

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.