FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response: 0.5

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

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

Name and Address of Reporting Person* Smith William Maxwell						2. Issuer Name and Ticker or Trading Symbol FLUIDIGM CORP FLDM									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
Simul William Maxwell					1				_		_				Dire					
(Last) (First) (Middle)														4	X Office below		Other (specify below)			
						3. Date of Earliest Transaction (Month/Day/Year)									EVP, Legal Affairs					
FLUIDIGM CORPORATION						06/20/2016										,	J			
7000 SHORELINE COURT, SUITE 100																				
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
SOUTH SAN FRANCISCO CA 94080															X Form filed by One Reporting Person					
			94080												Form filed by More than One Reporting					
TRAINC	isco														Forr Pers		re than C	ne Rep	orting	
-															1 010	5011				
(City)	(S	tate) ((Zip)																	
		Tab	le I - Nor	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	of, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transac									3.				ties Acquired (A)			ount of		5. Ownership Form: Direct D) or Indirect	7. Nature of Indirect Beneficial	
Date						Execution Date, if any		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		3, 4 an		ities icially						
			(Wioniti/Day/Tear)			(Month/Day/Year				3)					d Following		l) (Instr. 4)	Ownership		
					- 1						(A) or Design			Repor				(Instr. 4)		
									v	Amount	(A (D))	Price		Transaction(s) (Instr. 3 and 4)					
		Ta	able II - [Derivati	ive S	ecu	rities	Acqui	ired, Di	spo	sed of,	or Be	nefic	ially	Owned					
			(e.g., pu	ıts, c	alls,	warr	ants,	option	s, c	onvertib	le se	curiti	es)						
1. Title of Derivative	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deeme		4. Transaction				6. Date Exercisable and Expiration Date 7. Title Amoun						8. Price of Derivative	9. Number of derivative	Owne	nership		
Security (Instr. 3)			if any (Month/Da		Code (1 8)	lnstr.	Derivative Securities						Securities Underlying		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(IIISII. 3)			(WIOIILII/Da	iy/ rear)	0)		Acquired (A) or		Derivative Security (Ins						(111511. 5)	Owned	or Indirect		(Instr. 4)	
	Security												tr. 3		Following Reported	(1) (1	(I) (Instr. 4)			
							Disposed of (D)					and 4)	anu 4)			Transaction	ı(s)			
						(Instr. 3, 4									(Instr. 4)					
				-			and 5)			_			1.				1			
													Amo	unt						
										- 1			Num	ber						
					Code	٧	(A)	(D)	Date Exercisal		Expiration Date	Title	of Shar	es						

Explanation of Responses:

The reporting person was no longer General Counsel and Secretary as of June 20, 2016. As a result, the reporting person is no longer subject to Section 16 in connection with his transactions in the equity securities of Fluidigm Corporation and therefore will no longer report any such transactions on Form 4 or 5

> /s/ Nicholas Khadder, 08/23/2016 Attorney-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.