FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------|----------------|-----------|
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OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* <u>Smith William Maxwell</u> | | | | | | | | | | | | | | | | Relationship eck all appl Direct | cable) | g Person(s) to Issuer 10% Owner | | | | |
|--|---|--|---|---------|---|---|-------|----------|---|---|--|---------------------|----------------------------|--|--|---|---|------------------------------------|--|---------------------------------------|--|--|
| (Last) (First) (Middle) FLUIDIGM CORPORATION 7000 SHORELINE COURT, SUITE 100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2014 | | | | | | | | | | helow) | Officer (give title below) EVP, LEGAL AFF | | | specify FC | | | |
| (Street) SOUTH FRANCE | SAN C | | 94080 | | 4. If | Ame | endme | nt, Date | of O | | I Filed | d (Month/D | ay/Ye | ear) | Line | X Form | filed by One | e Rep | g (Check Ap orting Perso n One Repo | on | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curit | ies Ac | qui | ired, | Dis | <u> </u> | | | | ly Owne | t | | | | | |
| | | | 2. Transa Date (Month/D | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 1 | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | [| Code | v | Amount | | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | (Instr. 4) | | | |
| Common | ommon Stock | | | 08/15 | /2014 | | | | | M | | 2,946 | | A | \$3.390 | 08 3 | 8 3,236 | | D | | | |
| Common Stock | | | 08/15 | 5/2014 | | | | | M | | 54 | 54 | | \$4.446 | 51 3 | 3,290 | | D | | | | |
| Common | Stock | | | 08/15 | /2014 | | | | | S ⁽¹⁾ | | 3,000 | | D | \$27.8 | 5 2 | 290 D | | | | | |
| | | Т | able II - | | | | | | | | | osed of converti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transac Code (II 8) | | on of | | Exp | 6. Date Exercis: Expiration Date (Month/Day/Yea | | • | Amo Secu Und Deri | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisab | | Expiration Date | Title | | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (Right to Buy) | \$3.3908 | 08/15/2014 | | | М | | | 2,946 | | (2) | (| 01/17/2015 | | nmon ock | 2,946 | \$0 | 0 | | D | | | |
| Employee Stock Option (Right to Buy) | \$4.4461 | 08/15/2014 | | | M | | | 54 | | (3) | (| 08/14/2016 | | nmon ock | 54 | \$0 | 8,767 | | D | | | |

Explanation of Responses:

- 1. The sales reported by Mr. Smith were effected pursuant to a Rule 10b5-1 trading plan adopted on November 27, 2013.
- 2. The shares subject to the Option fully vested on January 18, 2009.
- 3. The shares subject to the Option fully vested on October 1, 2008.

Remarks:

/s/ Valerie Barnett, attorney-in-08/19/2014

** 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.