### 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*  Worthington Gajus Vincent							2. Issuer Name <b>and</b> Ticker or Trading Symbol FLUIDIGM CORP [ FLDM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify				
(Last) (First) (Middle) FLUIDIGM CORPORATION 7000 SHORELINE COURT, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 10/19/2016								below) A below) Former CEO & Former Director					
(Street) SOUTH SAN FRANCISCO CA 94080					4.1	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					
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution			Transaction Disp		Disposed	curities Acquired (A) osed Of (D) (Instr. 3, 4		5. Amour Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code V	, ,	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
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. Deemed Execution Da if any (Month/Day/	ate,	4. Transacti Code (Ins 8)		of Deri Seci Acq (A) o Disp of (E	umber vative urities uired or oosed o) (Instr. and 5)	6. Date Exercisable ar Expiration Date (Month/Day/Year)		le and	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$47.55	10/19/2016			D			65,000	(1)	03/1	14/2024	Common Stock	65,000	(2)	0		D		
Employee Stock Option (Right to	\$41.14	10/19/2016			D			31,110	(3)	03/1	12/2025	Common Stock	31,110	(2)	0		D		

# **Explanation of Responses:**

- 1. 1/48th of the shares subject to the Option vested monthly beginning January 1, 2014.
- 2. The option was cancelled by mutual agreement of the reporting person and Fluidigm Corporation. As consideration for the cancellation of the options, the reporting person entered into a Separation Agreement and Release that will be filed as Exhibit 99.1 to Fluidigm Corporation's Current Report on Form 8-K on October 24, 2016.
- $3.\,1/48$ th of the shares subject to the Option vested monthly beginning January 1, 2015.

#### Remarks:

/s/ Nicholas Khadder, Attorney- 10/21/2016 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.