SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	ions may conti tion 1(b).	nue. See		Filed							ities Exchang		of 1934			hou	rs per re	esponse:	0.5	
1. Name and Address of Reporting Person [*] Caligan Partners LP					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol STANDARD BIOTOOLS INC. [LAB] 5. Relationship of (Check all applice Director										licable)	ting Pe	.,	Issuer Owner		
(Last) (First) (Middle) 590 MADISON AVENUE														er (give title		-	(specify			
(Street) NEW Y	ORK N	Y 1	0022		- 4. If Amendment, Date of C					of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check / Line) Form filed by One Reporting Pers X Form filed by More than One Rep				rson	
(City)	(St	ate) (2	Zip)											A Person						
		Table	l - No	on-Deriva	ative	Sec	uritie	s Aco	quired	, Dis	sposed of	, or E	Benet	icial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					3, 4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
I									Code	v	Amount	(A) ((D)	Pri Pri	се	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
	Stock, \$0.0 ommon Sto	001 par value per ock")	r	04/11/2	022				Р		145,000	A	\$	3.87	9,03	4,838		I	See footnote ⁽¹⁾	
Common	Common Stock		04/12/2	/2022				Р		50,000	A \$		53.6	6 9,084,838		I		See footnote ⁽¹⁾		
		Tal	ble II								oosed of, convertib				v Owned	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transactior Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		cisable and late	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8 D S (I	. Price of Perivative Recurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e Owner s Form: ally Direct or Indi g (I) (Ins	Ownersh	Beneficia Ownersh t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numt of Share	ber						
	nd Address of <u> Partners</u>	f Reporting Person [*]																		
(Last) 590 MA	DISON AV	(First) ENUE	(M	liddle)																
(Street) NEW Y	ORK	NY	10	0022		-														
(City)		(State)	(Zi	ip)		-														
		f Reporting Person [*] /ID EDWAR																		
(Last)		(First)	(M	liddle)		-														

590 MADISON AVENUE									
(Street) NEW YORK	NY	10022							
(City)	(State)	(Zip)							

Explanation of Responses:

1. The securities reported herein are held by an affiliated fund and managed account of Caligan Partners LP ("Caligan"). David Johnson is a Partner of Caligan and a Managing Member of Caligan Partners GP LLC, the general partner of Caligan.

Remarks:

Remarks: The Reporting Person disclaims beneficial ownership in the securities reported on this Form 4 except to the extent of his or its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

David Edward Johnson, Partner /s/ David Edward Johnson

** Signature of Reporting Person

04/13/2022

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.