FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

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

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1. Name and Address of Reporting Person* <u>Caligan Partners LP</u>					2. Issuer Name and Ticker or Trading Symbol STANDARD BIOTOOLS INC. [LAB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) 590 MADISON AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/06/2022								Officer (give title Other (specify below) below)						
							If Amendment, Date of Original Filed (Month/Day/Year)									Joint/Gro	up Fili	ng (Check	Applicable	
(Street) NEW YORK NY 10022														Line) Form filed by One Reporting Person X Form filed by More than One Reporting						
(City)	(S	tate) (Z	Zip)		Person															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execu Year) if any		ny	ution Date,		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		d (A) o	l and Securi Benefi Owned		es 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	е	Reported Transact (Instr. 3	ction(s)			(Instr. 4)	
Common Stock, \$0.001 par value per share (Common Stock) 05/06/202					22				P		463,350	A	\$2	. <mark>9</mark> (1)	9,948,188		I		See footnote ⁽²⁾	
Common Stock 05/10/20)22				P		25,000	A	\$2.	52(1)	9,973,188		I		See footnote ⁽²⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2.			emed tion Date,	4. Transaction Code (Instr. 8)		5. N of Of r. Deri Sec Acq (A) of Disp of (I				cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	Ownersi Form: Direct (Dor Indirect) (I) (Instr.		Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		Amour or Number of Shares	er						
1. Name and Address of Reporting Person* <u>Caligan Partners LP</u>																				
(Last) (First) (Middle) 590 MADISON AVENUE																				
(Street) NEW YO	ORK	NY	10	022																
(City) (State) (Zip)																				
Name and Address of Reporting Person* JOHNSON DAVID EDWARD																				
(Last) 590 MAI	DISON AV	(First) ENUE	(Mi	iddle)																
(Street) NEW YO	ORK	NY	10	022																

Explanation of Responses:

(State)

(Zip)

- 1. The securities reported herein are held by an affiliated fund and managed account of Caligan Partners LP ("Caligan"). David Johnson (together with Caligan, the "Reporting Persons") is a Partner of Caligan and a Managing Member of Caligan Partners GP LLC, the general partner of Caligan.
- 2. The Reporting Persons hereby undertake to provide upon request of the staff of the Securities and Exchange Commission full information regarding the number of shares sold at each separate price.

(City)

Caligan Partners LP, By: /s/

David Edward Johnson,

<u>Partner</u>

/s/ David Edward Johnson 05/10/2022

05/10/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).