

PERKINELMER INC  
Form 3  
October 03, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Singh Prahla R.		(Month/Day/Year)	PERKINELMER INC [PKI]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/03/2016		
940 WINTER STREET			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by More than One Reporting Person
			(give title below) (specify below)	
			Please See Remarks	
WALTHAM,Â MAÂ 02451				
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	12,461	D	Â

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: PERKINELMER INC - Form 3

				Shares		(I) (Instr. 5)	
NQ Stock Option (Right to Buy)	Â (1)	05/15/2021	Common Stock	9,865	\$ 43.1	D	Â
NQ Stock Option (Right to Buy)	Â (2)	02/03/2022	Common Stock	10,636	\$ 46.26	D	Â
NQ Stock Option (Right to Buy)	Â (3)	03/04/2023	Common Stock	14,187	\$ 48.98	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Singh Prahlad R. 940 WINTER STREET WALTHAM, MA 02451	Â	Â	Â Please See Remarks	Â

## Signatures

/s/ John L. Healy (POA on file) for Prahlad R. Singh 10/03/2016

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) This option vested as to 1/3 of the underlying shares on May 15, 2015, which was the first anniversary of the date of grant, with an additional 1/3 of the underlying shares vesting on May 15, 2016, which was the second anniversary of the date of grant. The remaining 1/3 of the underlying shares will vest on May 15, 2017, which is the third anniversary of the date of grant.
  - (2) This option vested as to 1/3 of the underlying shares on February 3, 2016, which was the first anniversary of the date of grant, and is scheduled to vest in equal installments thereafter until the third anniversary of the date of grant.
  - (3) This option is scheduled to vest in three equal annual installments beginning on March 4, 2017 which is the first anniversary of the date of grant.

Â

### Remarks:

Senior Vice President and President, Diagnostics

### Exhibit List:

Exhibit 24 - Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.