## Edgar Filing: BIO RAD LABORATORIES INC - Form 4/A

BIO RAD L Form 4/A March 21, 2	ABORATORIES	S INC								
FORM								OMB A	PPROVAL	
	UNITED	STATES		RITIES A			COMMISSION	N OMB Number:	3235-0287	
Check th if no lon	ner.			ICES IN	DENIDE			Expires:	January 31, 2005	
Section	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								average urs per	
Form 4 o Form 5		rsuant to S	Section	16(a) of th	ne Securi	ties Excha	nge Act of 1934,	response	. 0.5	
obligatic may con <i>See</i> Instr 1(b).	ons Section 17(	(a) of the l	Public U	Itility Hol	ding Cor		of 1935 or Section			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> SCHWARTZ DAVID			2. Issuer Name <b>and</b> Ticker or Trading Symbol BIO RAD LABORATORIES INC [BIO, BIO.B]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		N <b>6</b> 1 11 N		-			V D'	V 10	<i>a</i> <b>0</b>	
(Last)	(First) (	Middle)		of Earliest T Day/Year)	ransaction		X Director X Officer (giv	ve title Oth	% Owner her (specify	
	AD LABORATO ALFRED NOBE		02/06/2	-			below) Chai	below) rman of the Boa	ırd	
(Street) 4			4. If Am	endment, D	ate Origina	al	6. Individual or Joint/Group Filing(Check			
				onth/Day/Yea 2002	r)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
HERCULE	25, CA 94547						Person		1 0	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(			

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

D S	Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	<ul> <li>4. 5. Number of TransactiorDerivative Code Securities</li> <li>(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ul>		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)			
					Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
S	ncentive tock Option right to buy)	\$ 31.77	02/06/2002		A		10,386 (1)		(2)	02/06/2007(3)	Bio-Rad B Common Stock	1
S	Ion-Qualified tock Option right to buy)	\$ 28.88	02/06/2002		А		54,854 (1)		<u>(2)</u>	02/06/2012	Bio-Rad B Common Stock	5.

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
SCHWARTZ DAVID C/O BIO-RAD LABORATORIES, INC. 1000 ALFRED NOBEL DRIVE HERCULES, CA 94547		Х	Х	Chairman of the Board					
Signatures									
David Schwartz	03/20/2008								
<u>**</u> Signature of Reporting Person	Date								

## **Explanation of Responses:**

- \* 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).
- The number of shares subject to this stock option grant was incorrectly split between incentive and non-qualified stock options on the(1) Form 4 as originally filed, although the combined total number of shares for the two types of options included in this grant was reported correctly.
- (2) The option vests over five years at 20% per year beginning one year from the grant date.
- (3) The expiration date was incorrectly stated on the Form 4 as originally filed.

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.