CareDx, Inc. Form 3 April 14, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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 Addre Person <u>*</u> Constanti Cl | - | orting | Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol CareDx, Inc. [CDNA] | | | | |
|---|-------------------------------|----------------|---|---|--|---------------------------|--|--|
| (Last) (I | First) | (Middle) | 04/06/2016 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| C/O CAREDX, BAYSHORE B | | | | (Check all applicable) | | | | |
| | (Street) RISBANE, CA 94005 | | | ^(C) | 10% 0 Other (specify below) (specify control of the second sec | ow) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | |
| DRISDANE, A CAA 94003 | | | | | | | Form filed by More than One Reporting Person | |
| (City) (S | State) | (Zip) | Table I - N | Non-Derivat | ive Securiti | es Bei | neficially Owned | |
| 1.Title of Security (Instr. 4) | | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | • | |
| Reminder: Report of owned directly or in | | te line for ea | ch class of securities benefic | ially S | EC 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 | | 3. Title and Amount of | | 4. | 5. | 6. Nature of Indirect |
|--|-------------------------|--------------------|------------------------|----------------------------------|------------------------------------|---|-----------------------|
| | Expiration Date | | Securities Underlying | | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | | Derivative Security | | or Exercise | Form of | (Instr. 5) |
| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) | |

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|----------|---------------|-----------|-------------------------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| Constanti Charles C/O CAREDX, INC. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005 | | Â | Â | Chief Financial Officer | Â | | | |
| Signatures | | | | | | | | |
| /s/ Charles Constanti | 04/14/20 | 16 | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | |

Explanation of Responses:

No securities are beneficially owned

- * 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).

Â **Remarks:** 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.