### Edgar Filing: HOBDEN ADRIAN N - Form 4

HODDEN ADDIANI

Form 4											
February 05	ЛЛ					~		<b></b>	OMB AF	PROVAL	
		RITIES A shington		OMMISSION	OMB Number:	3235-0287					
Check th if no lon subject t Section Form 4	uis box ger o STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 16. SECURITIES								Expires:January 31 2008Estimated averageburden hours per response0.8		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 Section 17(a) of the Public Utility Holding Company Act of 1935 or Se 30(h) of the Investment Company Act of 1940							1935 or Section				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOBDEN ADRIAN N			2. Issuer Name <b>and</b> Ticker or Trading Symbol MYRIAD GENETICS INC [MYGN]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 320 WAKARA WAY			<ul> <li>3. Date of Earliest Transaction (Month/Day/Year)</li> <li>02/05/2009</li> <li>4. If Amendment, Date Original Filed(Month/Day/Year)</li> </ul>					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Pres. Myriad Pharmaceuticals			
SALT LAK	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>										
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	Code (Instr. 8)	omr Disposo (Instr. 3, 4	ed of (		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/05/2009			Code V M	Amount 24,000	(D) A	Price \$ 4.781	112,992	D		
Common Stock	02/05/2009			S	24,000	D	\$ 83.5986	5 88,992	D		

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.

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and A Underlying S (Instr. 3 and	Securit
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 4.781	02/05/2009		М	24,000	<u>(1)</u>	06/17/2009	Common Stock	24,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
HOBDEN ADRIAN N 320 WAKARA WAY SALT LAKE CITY, UT 84108			Pres. Myriad Pharmaceuticals				
Signatures							
By: Richard Marsh For: Adrian N. Hobden		02/05/2009					
**Signature of Reporting Person		D	ate				

### **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).
- (1) 20% vests annually beginning on the 1st anniversary of the date of the Option Grant.

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.