FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* ELOI FENEL M	2. Date of English Requiring State (Month/Day) 03/15/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol STANDARD BIOTOOLS INC. [LAB]					
(Last) (First) (Middle) C/O STANDARD BIOTOOLS INC.	,		4. Relationship of Reporting Person(s) Issuer (Check all applicable) X Director 10% O		F	5. If Amendment, Date of Original Filed (Month/Day/Year)		
2 TOWER PLACE, STE 2000 (Street) SOUTH SAN			Officer (give title below)		(specify	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One		
FRANCISCO CA 94080 (City) (State) (Zip)	-						ng Person	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)	Form: [(D) or li	Direct ndirect			
		erivative	Beneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Ownership (In		
		erivative s, warran isable and	Seneficially Owned (Instr.) Securities Beneficia	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Ownership (In 5. sion Ownersl cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Fenel M. Eloi

03/17/2023

** Signature of Reporting Person

Date

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

- * 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).

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.