FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average hurden							

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					UI S	Secui	011 30(11) (oi tile	investment	CUII	ipariy Act	01 1940								
1. Name and Address of Reporting Person* Paya Carlos V						2. Issuer Name and Ticker or Trading Symbol FLUIDIGM CORP [FLDM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>ruyu C</u>	<u>urros v</u>													X	Directo	or		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017									Officer below)	(give title		Other (below)	specify	
FLUIDIGM CORPORATION						0 1/ -	.017													
7000 SH	ORELINE	COURT, SUITE	100																	
					4. If	Ame	endment,	Date	of Original F	iled	(Month/D	ay/Year)			vidual or	Joint/Group	Filing	g (Check Ap	plicable	
(Street)														Line)	Form f	ilod by One	n Bone	orting Perso	nn.	
SOUTH FRANCE	C	A	94080											Λ		iled by Mor		n One Repo		
(City)	(S	tate)	(Zip)																	
		Tah	le I - Nor	n-Deriv	ative	Se	curities	sΔc	quired, [Disr	nosed (of or Be	nefic	rially	Owner	1				
			10 1 - 1401	1		_				-13					1		I	[
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)		ice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
		7							uired, Di						Owned					
	1.	la = .:					-	_	•					- -	<u> </u>		. 1		T	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	S F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amo or Num of Shar	ber						
Restricted Stock Units	(1)	08/01/2017			A		5,000		(2)		(2)	Common Stock	5,0	00	\$0	5,000		D		
Common	\$3.43	08/01/2017			A		5,000		(3)	08	3/01/2027	Common	5,0	00	\$0	5,000		D		

Explanation of Responses:

- $1. \ Each \ Restricted \ Stock \ Unit \ represents \ the \ contingent \ right \ to \ receive \ one \ share \ of \ FLDM \ common \ stock \ upon \ vesting \ of \ the \ unit.$
- 2. All shares underlying the Restricted Stock Units will fully vest on the earlier to occur of one day prior to the date of the next annual meeting of the stockholders of the Company or August 1, 2018, subject to continued service as a director through the vesting date.
- 3. 1/12th of the shares subject to the Option will vest monthly, subject to continued service as a director, such that the Option will be fully vested on August 1, 2018.

Remarks:

/s/ Nicholas Khadder, Attorney-in-fact 08/02/2017

** 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 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).

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.