FORM 3

Casdin Partners GP, LLC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

						(a) of the Securities Exchar e Investment Company Act		1934				
1. Name and Address of Reporting Person* <u>Casdin Partners Master Fund</u> , <u>L.P.</u>			2. Date of Event Requiring Statement (Month/Day/Year) 04/04/2022			3. Issuer Name and Ticker or Trading Symbol STANDARD BIOTOOLS INC. [LAB]						
(Last) (Fir	•	(Middle)			- [1	4. Relationship of Reporting Pelssuer (Check all applicable) X Director		Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
AMERICAS, S (Street)	UITE 260	00	-			Officer (give title below)	Other (specify below)		(Ch	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One		
YORK NY		10019	-							Reporting	Person	
(City) (St	ate)	(Zip)	ala I. Nasa	Danisas	4:	- Oiti Dfi	-:-U C					
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						2. Amount of Securities 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			ate	d	3. Title and Amount of S Underlying Derivative So (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
				Expiration Date	on	Title	Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	
1. Name and Address of Reporting Person* <u>Casdin Partners Master Fund, L.P.</u>												
(Last) 1350 AVENUE	(First) OF THE	,	ddle) , SUITE 260	0								
(Street) NEW YORK NY 10019												
(City)	(State)	State) (Zip)										
Name and Address of Reporting Person* Casdin Capital, LLC												
(Last) (First) (Middle) 1350 AVENUE OF THE AMERICAS, SUITE 2600				0								
(Street) NEW YORK NY 10019												
(City)	(State)	(Zip))									
1. Name and Addre	ss of Repo	orting Person*										

(Last) 1350 AVENUE	(First) OF THE AMERIO	(Middle) CAS, SUITE 2600					
(Street) NEW YORK	NY	10019					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Casdin Private Growth Equity Fund II</u> , <u>L.P.</u>							
(Last) 1350 AVENUE	(First) OF THE AMERIO	(Middle) CAS, SUITE 2600					
(Street) NEW YORK	NY	10019					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Casdin Private Growth Equity Fund II GP</u> , <u>LLC</u>							
(Last) 1350 AVENUE	(First) OF THE AMERIO	(Middle) CAS, SUITE 2600					
(Street) NEW YORK	NY	10019					
(City)	(State)	(Zip)					

Explanation of Responses:

Remarks:

Eli Casdin has been deputized to represent the Reporting Persons on the board of directors of the Issuer. By virtue of Mr. Casdin's representation, for purposes of Section 16 of the Securities Exchange Act of 1934 (the "Exchange Act"), each of the Reporting Persons may be deemed directors by deputization of the Issuer. Mr. Casdin files separate Section 16 reports disclosing securities of the Issuer that he may be deemed to beneficially own for Section 16 purposes.

No securities are beneficially owned.

Casdin Partners Master Fund, L.P., By: Casdin Partners GP, LLC, Its: General Partner, By: /s/ Eli Casdin, Its: Managing Member	04/06/2022
Casdin Capital, LLC, By: /s/ Eli Casdin, Its: Managing Member	04/06/2022
Casdin Partners GP, LLC, By: /s/ Eli Casdin, Its: Managing Member	04/06/2022
Casdin Private Growth Equity Fund II, L.P., By: Casdin Private Growth Equity Fund II GP, LLC, By: /s/ Eli Casdin, Its: Managing Member	04/06/2022
Casdin Private Growth Equity Fund II GP, LLC, By: /s/ Eli Casdin, Its: Managing Member	04/06/2022
** Signature of Reporting Person	Date

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

 $^{^{\}star}$ 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.