FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL	UMMIEBCHID
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UNID APPROVAL											
OMB Number:	3235-028										
Estimated average	e burden										

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 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	umber: 3235-0287							
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person*     Paya Carlos V				2. Issuer Name <b>and</b> Ticker or Trading Symbol FLUIDIGM CORP [ FLDM ]									(Ch	elationship o eck all applio	able)	g Pers	son(s) to Iss			
															'	_				·
(Last)	(Fi	rst)	(Middle)		3 [	Date of Earliest Transaction (Month/Day/Year)									$\dashv$	below)	(give title		Other (: below)	specify
FLUIDIGM CORPORATION						12/31/2017														
7000 SHORELINE COURT, SUITE 100																				
7000 SHOKELINE COURT, SUITE 100				1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6 Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					`   <del>*</del> . '	ı Ailic	ilullici	iii, Date	01 0	nigiriai i	iicu	(IVIOITITI/De	лу/ геа	')	Line		omit/Group	i iiiiig	) (Check Ap	plicable
SOUTH	SAN														:	K Form f	led by One	Repo	orting Perso	n
FRANCI	- C	A	94080													Form fi Persor	filed by More than One Reporting n			rting
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curit	ies A	cqu	ired,	Disp	osed o	f, or	Ben	eficiall	y Owned				
Date					Executio Day/Year) if any		A. Deemed execution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(	A) or D)	Price	Reported Transact (Instr. 3 a	on(s)			(instr. 4)	
Common Stock			12/3	1/2017				M		3,641	1 A		\$0	7,282		D				
		٦	Гable II -									sed of, onvertil				Owned				
	_		1	1		Cuii	Ť		·						licsj			. 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/Day	Date,	ate, Transact Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	,,	(4)	(D)	Date			Expiration	Ti41-	1	Amount or Number of					
					Code	V	(A)	(D)	Exe	ercisable	;   E	ate	Title	- -	Shares					-
Restricted Stock	(1)	12/31/2017			M			3,641	12/3	31/2017 <sup>(</sup>	2)	(2)	Comr		3,641	\$0	0		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. Fifty percent (50%) of the shares underlying the Restricted Stock Units vested on September 30, 2017, and the remaining fifty percent (50%) vested on December 31, 2017.

## Remarks:

/s/ Carlos V. Paya by Nicholas 01/03/2018 Khadder, Attorney-in-Fact

\*\* 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.