

HOLOGIC INC
Form 3/A
January 16, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | |
|---|---------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Kingsley Stuart A | | (Month/Day/Year) | HOLOGIC INC [HOLX] | |
| (Last) | (First) | (Middle) | 10/22/2007 | |
| 35 CROSBY DRIVE | | | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | | (Check all applicable) | 10/24/2007 |
| BEDFORD, MA 01730 | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (City) | (State) | (Zip) | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
| | | | (give title below) (specify below) | <input type="checkbox"/> Form filed by More than One Reporting Person |
| | | | Pres.,Hologic Gyn Surg. Prod. | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 1,452 | D | |

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|--|--|--|
| | Date Exercisable | Title | Amount or Number of | | |

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| | | | | Shares | | (I) (Instr. 5) | |
|--|------------|------------|--------------|---------|----------|-------------------|---|
| Incentive Stock Option | 10/22/2007 | 07/26/2016 | Common Stock | 16,077 | \$ 31.1 | D | Â |
| Nonqualified Stock Option ⁽¹⁾ | 10/22/2007 | 07/26/2016 | Common Stock | 176,147 | \$ 31.1 | D | Â |
| Incentive Stock Option ⁽¹⁾ | 10/22/2007 | 01/23/2013 | Common Stock | 2,728 | \$ 36.64 | D | Â |
| Nonqualified Stock Option ⁽¹⁾ | 10/22/2007 | 01/23/2013 | Common Stock | 8,804 | \$ 36.64 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|------------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Kingsley Stuart A 35 CROSBY DRIVE BEDFORD, MA 01730 | Â | Â | Â Pres.,Hologic Gyn Surg. Prod. | Â |

Signatures

/s/ Mark J. Casey, Attorney-in-Fact For: Stuart A. Kingsley

01/15/2008

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

The amendments reported in this Form 3/A include changes to the number of securities underlying derivative securities and expiration date. These items were correctly reported on the Form 4 filed on November 16, 2007 and no amendments are made to such filings by way of this amendment.

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.