Williams Felicia Form 3 September 24, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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)

Table		-	IB control number.	.g., puts, calls,	warrants, opt	ions, co	onvertible securities)		
	informa require	ition conta d to respo	oond to the collection of ined in this form are not nd unless the form displ	t					
Reminder: Report or owned directly or in	-	e line for ead	ch class of securities benefic	ially SI	EC 1473 (7-02)			
Common Stock			0		D	Â			
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)		3.4. Nature of Indirect BeneficialOwnershipOwnershipForm:(Instr. 5)Direct (D)or Indirect(I)(Instr. 5)		rship		
(City) (Si	tate)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Bei	neficially Owned		
CINCINNATI,Â	A OHÂ 4	-5244		<pre> 10% (Other) (specify below)</pre>		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
3471 RIVER HI		IVE		(Check all applicable)					
(Last) (F	irst)	(Middle)	09/20/2018	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
1. Name and Address of Reporting Person <u>*</u> Williams Felicia			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol MERIDIAN BIOSCIENCE INC [VIVO]					

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationsh									
	Director	10% Owner	Officer	Other							
Williams Felicia 3471 RIVER HILLS DRIVE CINCINNATI, OH 45244	ÂX	Â	Â	Â							
Signatures											
/s/ Melissa A. Lueke as Attorne Williams	09/24/2018										
<u>**</u> Signature of Report	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).

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.