MYRIAD GENETICS INC

Form 4 March 12, 2008

FORM 4

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

OMB Number:

3235-0287

0.5

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

OMB APPROVAL

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Form 5 obligations may continue.

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

See Instruction

1(b).

Stock

(Print or Type Responses)

	Address of Reporting I ADRIAN N	Symbol	2. Issuer Name and Ticker or Trading Symbol MYRIAD GENETICS INC [MYGN]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction (Month/Day/Year)				Director	k all applicable	Owner	
320 WAKA	ARA WAY		03/10/2008				_X_ Officer (give title Other (specify below) Pres. Myriad Pharmaceuticals			
	Filed(Mor	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State) (State)	(7:)	a I - Non-D	Aprivativa (Sacuri	ties Aca	Person uired, Disposed of			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3.	4. Securit on(A) or Dis (Instr. 3, 4)	ies Ac sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	03/10/2008		M	10,000	A	\$	62,618	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

5.125

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion (Month/Day/Year) Execution Date, if TransactionDerivative any Code Securities (Month/Day/Year) (Instr. 8) Acquired (Ayve		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (right to buy)	\$ 5.125	03/10/2008		M	10,000	<u>(1)</u>	10/21/2008	Common Stock	10,000

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

HOBDEN ADRIAN N 320 WAKARA WAY SALT LAKE CITY, UT 84108

Pres. Myriad Pharmaceuticals

Signatures

By: Richard Marsh For: Adrian N. 03/12/2008 Hobden

> **Signature of Reporting Person Date

Explanation of Responses:

- 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).
- (1) Right to buy incentive stock option. 20% vests annually beginning 10/21/99.

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.

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