FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| | | | | | 0. | Occide | . 00(. | 1) 01 111 | C IIIVCO | incine (| Joinparty Act | 01 10-10 | | | | | | | |
|---|--------|--|---|-----------|---|--|---|---|-------------------------------|--|-------------------------|----------------|--|---|---------------|---|--|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Anderson Bonnie H | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERACYTE, INC. [VCYT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 6000 SHORELINE COURT SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2019 | | | | | | | | X Officer (give title Other (specify below) Chairman and CEO | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - I | Non-Deriv | vative | e Sec | uriti | ies A | cquir | ed, D | isposed o | of, or B | enefic | ially | Owned | t | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | Benefici | | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | 08/12/20 | 019 | | | | M ⁽¹⁾ | | 1,459 | A | \$2.6 | 8 | 121 | ,414 | 414 | | | | |
| Common | Stock | | | 08/12/20 | 019 | | | | S ⁽¹⁾ | | 8,000 | D | \$25.27 | 96(2) | 113,414 | | | D | |
| Common Stock | | | | | | | | | | | | | | 99 | 99,085 | | I | The Bonnie H. Anderson Living Trust | |
| | | 7 | able | | | | | | • | , | sposed of , converti | , | | • | wned | | , | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Date Execu | | | ransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | Amount of | | 8. Price o Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (right to | \$2.68 | 08/12/2019 | | | M ⁽¹⁾ | | | 1,459 | (3 | 3) | 03/09/2022 | Commo Stock | n 1,45 | 9 | \$0 | 5,041 | - | D | |

Explanation of Responses:

- 1. The transactions on this Form 4 were made pursuant to a Rule 10b5-1 plan adopted by the reporting person on August 22, 2018.
- 2. Represents weighted average sales price. Sale prices for the transactions range from \$25.11 to \$25.94. Detailed information regarding the number of shares sold at each separate price will be provided to the SEC, the issuer or a shareholder upon request.
- 3. The option is fully vested.

Remarks:

/s/ Keith Kennedy as attorney-08/13/2019 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.