FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPE	ROVAL							
OMB Number:	3235-0287							
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol VERACYTE, INC. [ VCYT ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
McGuire Annie				<del>**</del>	VERACTIE, INC. [ VCY1 ]									Direc	tor		10% Ov	vner	
(Last) (First) (Middle)					3 Da	2. Data of Farliant Transaction (Manth/Day/Vogs)								V	Office below	er (give title /)		Other (s	specify
(Last)	,	,	,			3. Date of Earliest Transaction (Month/Day/Year) 09/02/2024								5	SVP, Gene	eral Co	ounsel		
6000 SHORELINE COURT, SUITE 300																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
SOUTH	( ) 2	A 9	4080												.ine)  ✓ Form filed by One Reporting Person				
FRANCI	SCO													Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)												reisc	лі			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date, y/Year) if any			3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3, 5)			4 and Securiti		ies cially	Form: (D) or	Direct Indirect	7. Nature of Indirect Beneficial				
ľ				(Mor		nth/Day/Year)		8)					Owned Report	Following ed	(I) (Ins	) (Instr. 4)	Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	) or ) Price		Transa (Instr. 3	Transaction(s) (Instr. 3 and 4)						
Common Stock 09/02/20				2024		F <sup>(1)</sup>		1,920	D	9	31.55	.55 93,486		]	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				(e.g., pu	its, ca	alis, v	varra	ants,	optio	ns, c	onvertib	le se	curit	ies)					
Security or Exercise (Month/Day/Year) if any		emed ion Date, I/Day/Year)  4. Transac Code (I					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (I)	0. Ownership orm: Oirect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	c		Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber							

## **Explanation of Responses:**

1. The reporting person is reporting the withholding of 725, 453 and 742 shares of common stock to satisfy the reporting person's tax withholding obligations in connection with the vesting of 1,429, 892 and 1,463 Restricted Stock Units granted on February 28, 2022, August 5, 2022 and March 6, 2023, respectively, and does not represent a sale by the reporting person.

## Remarks:

/s/ Jonathan Wygant as attorney-in-fact 09/04/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.