FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: Estimated average burden

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hours per response:

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

| 1. Name and Address of Reporting Person* Kennedy Giulia C | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERACYTE, INC. [VCYT] | | | | | | | | | all appli Directo | cable) or (give title | g Pers | 10% Ov Other (s below) | vner | |
|--|---|--|----------------------------------|------------------------------------|------------------|---|---|---|----------------|--|--------------------------|-------------------------|--|---|---|-------------------------------------|---|--|--|--|
| (Last) (First) (Middle) 6000 SHORELINE COURT SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2019 | | | | | | | | | Chief Scientific & Med Officer | | | | | |
| (Street) SOUTH FRANCE | - C | Α ! | 94080 | | - 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | dividual or Joint/Group Form filed by One Form filed by More Person | | | orting Perso | on | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | Non-Deri | vativ | e Sec | uriti | ies A | cquire | ed, D | isposed c | of, or B | eneficia | lly | Owne | t | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | | | | nd 5) Sec Ben Owr | | mount of curities neficially ned Following | | 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 11/27/ | | 11/27/2 | 019 | 19 | | | M ⁽¹⁾ | | 3,697 | A | \$14.3 | 34 | | ,146 | | D | | | | |
| Common Stock 11/27/20 | | | 019 | 19 | | | S ⁽¹⁾ | | 3,697 | D | \$29.357 | 3574 ⁽²⁾ | | 47,449 | | D | | | | |
| | | Т | able I | | | | | | | | sposed of, , converti | | | уΟ | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | e Execut nth/Day/Year) if any | eemed tion Date, n/Day/Year) | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | nd of es ing ve Security and 4) | 8. Price of Derivative Security (Instr. 5) | | | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | | |
| Stock Option (right to | \$14.34 | 11/27/2019 | | | M ⁽¹⁾ | | | 3,697 | (3 | 3) | 02/18/2024 | Common | 3,697 | | \$0 | 46,303 | 3 | 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 May 3, 2019.
- 2. Represents weighted average sales price. Sale prices for the transactions range from \$29.34 to \$29.40. 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-12/02/2019 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.