Instruction 1(b).

FORM 4

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-

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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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(0). 0	ee instruction i	0.																
1. Name ar		2. Issuer Name and Ticker or Trading Symbol VERACYTE, INC. [VCYT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Febbo Phillip G.</u>									L	,				Direc	tor		10% Ov	vner
					ata at E	'auliaat	T		m /N/amti	-/Day/Maas			1	Office below	er (give title v)		Other (s below)	specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/04/2024									Chie	f Scientific	2 & N	1ed Office	er
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 SAN					2 1 2 3, 12 2 2 2 3 3 3 3 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5								Line)					
FRANCISCO CA 94080			4080										1	Form filed by One Reporting Person				on
				.										Form filed by More than One Reporti Person				orting
(City)	(St	ate) (2	Zip)											. 0.0.				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes				ear) l	Execution		on Date, Ti			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Secur Benef Owne		icially d Following	Form (D) or Indire	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership
									V A	mount	(A) or (D)	Price		Transa	oorted (In nsaction(s) etr. 3 and 4)		r. 4)	(Instr. 4)
Common Stock 12/04/2024					4			S ⁽¹⁾		3,934	D	\$44.089	93(2)	8	82,414		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(e.g., p	uts, c	alls, v	warra	nts	, op	tions,	converti	ble se	curities	s)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I (Month/Day		ate	Amo Secu Unde Deriv	le and unt of rities erlying vative rity (Instr. i 4)	8. Price Derivativ Security (Instr. 5)			y Or For Or (I)	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date	Title	Amount or Number of Shares						

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 September 4, 2024.
- 2. Represents weighted average sales price. Sale prices for the transactions range from \$43.60 to \$44.46. 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

Remarks:

/s/ Jonathan Wygant, as 12/06/2024 attorney-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.