

INVERNESS MEDICAL INNOVATIONS INC
 Form 4
 August 07, 2006

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
GOLDBERG CAROL R

(Last) (First) (Middle)

C/O INVERNESS MEDICAL
 INNOVATIONS, INC., 51
 SAWYER ROAD, SUITE 200

(Street)

WALTHAM, MA 02453

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
**INVERNESS MEDICAL
 INNOVATIONS INC [IMA]**

3. Date of Earliest Transaction
 (Month/Day/Year)
08/03/2006

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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 Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)			
				(A) or (D)	Price					
Common Stock	06/16/2006		G	V	8,434	D	\$ 4.14	34,937 ⁽⁶⁾	I	See footnote ⁽²⁾
Common Stock	08/03/2006		M		2,400	A	\$ 4.14	2,400 ⁽⁶⁾	D	
Common Stock								16,666	I	See footnote ⁽³⁾
Common Stock								16,666	I	See footnote ⁽⁴⁾
								34,937 ⁽⁶⁾	I	

Common
Stock

See
footnote (2)

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

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(9-02)

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

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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 4.14	08/03/2006		M	2,400	11/21/2001 08/05/2006	Common Stock	2,400

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOLDBERG CAROL R C/O INVERNESS MEDICAL INNOVATIONS, INC. 51 SAWYER ROAD, SUITE 200 WALTHAM, MA 02453	X			

Signatures

/s/ Jay McNamara, Attorney
in Fact 08/07/2006

**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) Disposition of common stock by gift.
- (2) These securities are owned by a grantor retained annuity trust for which the reporting person is the trustee.
- (3) These securities are owned by the Avram J. Goldberg and Carol R. Goldberg Charitable Remainder Unitrust, of which the reporting person and her spouse are the trustees.
- (4) These securities are owned by the Sydney R. Rabb Trust f/b/o Carol R. Goldberg, of which the reporting person, along with another unrelated individual, is a trustee.
- (5) This derivative security does not have a price.
- (6) Reflects securities contributed to/distributed from a retained annuity trust for which the reporting person is a trustee since the reporting person's last report.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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