

Doran Howard JR  
 Form 3/A  
 January 16, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Doran Howard JR			(Month/Day/Year)	HOLOGIC INC [HOLX]	
(Last)	(First)	(Middle)	10/22/2007	4. Relationship of Reporting Person(s) to Issuer	
35 CROSBY DRIVE				(Check all applicable)	
(Street)				5. If Amendment, Date Original Filed(Month/Day/Year)	
BEDFORD,Â MAÂ 01730				10/24/2007	
(City)	(State)	(Zip)		6. Individual or Joint/Group Filing(Check Applicable Line)	
				<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) Pres.,Hologic Diagnostic Prod.	
				<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	937	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

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				Shares		(I) (Instr. 5)	
Nonqualified Stock Option <sup>(1)</sup>	10/22/2007	11/20/2009	Common Stock	1,922	\$ 16.46	D	Â
Nonqualified Stock Option <sup>(1)</sup>	10/22/2007	01/03/2015	Common Stock	5,705	\$ 34.55	D	Â
Incentive Stock Option <sup>(1)</sup>	10/22/2007	01/03/2015	Common Stock	3,905	\$ 34.55	D	Â
Incentive Stock Option <sup>(1)</sup>	10/22/2007	02/09/2011	Common Stock	1,922	\$ 31.62	D	Â
Nonqualified Stock Option <sup>(1)</sup>	10/22/2007	02/09/2011	Common Stock	1,922	\$ 31.62	D	Â
Incentive Stock Option <sup>(1)</sup>	10/22/2007	01/24/2012	Common Stock	3,170	\$ 36.93	D	Â
Nonqualified Stock Option <sup>(1)</sup>	10/22/2007	01/24/2012	Common Stock	12,207	\$ 36.93	D	Â
Incentive Stock Option <sup>(1)</sup>	10/22/2007	01/26/2013	Common Stock	1,922	\$ 36.6	D	Â
Nonqualified Stock Option <sup>(1)</sup>	10/22/2007	01/26/2013	Common Stock	5,766	\$ 36.6	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Doran Howard JR 35 CROSBY DRIVE BEDFORD, MA 01730	Â	Â	Â Pres.,Hologic Diagnostic Prod.	Â

## Signatures

/s/ Mark J. Casey, Attorney-in-Fact For: Howard Doran, Jr. 01/15/2008

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) The amendments reported in this Form 3/A, including changes to the amount of securities underlying derivative securities, exercise price and expiration date carry through the Form 4 filed on December 10, 2007.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.