

INVERNESS MEDICAL INNOVATIONS INC  
 Form 3  
 January 17, 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	
Hart Emanuel		(Month/Day/Year)	INVERNESS MEDICAL INNOVATIONS INC [IMA]	
(Last)	(First)	(Middle)	01/07/2008	
51 SAWYER ROAD, SUITE 200			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)				
WALTHAM, MA 02453			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by More than One Reporting Person
			(give title below) (specify below)	
			VP, Lat. Am., Africa & Russia	

**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	6,523	D	

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)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Employee Stock Option (Right to Buy)	Â (1)	12/06/2011	Common Stock 15,000 \$ 17.49	D Â
Employee Stock Option (Right to Buy)	Â (2)	05/13/2008	Common Stock 4,000 \$ 5.3	D Â
Employee Stock Option (Right to Buy)	11/21/2001	07/06/2010	Common Stock 1,200 \$ 4.38	D Â
Employee Stock Option (Right to Buy)	09/30/2002	08/23/2012	Common Stock 2,316 \$ 15.55	D Â
Employee Stock Option (Right to Buy)	Â (3)	10/04/2016	Common Stock 9,000 \$ 34.4	D Â
Employee Stock Option (Right to Buy)	Â (4)	08/31/2017	Common Stock 5,000 \$ 48.14	D Â
Employee Stock Option (Right to Buy)	Â (5)	12/31/2017	Common Stock 15,000 \$ 56.18	D Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hart Emanuel 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453	Â	Â	Â VP, Lat. Am., Africa & Russia	Â

## Signatures

/s/ Jay McNamara, Attorney in Fact 01/17/2008

\*\*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) This option becomes exercisable in four equal annual installments beginning on 12/6/2002.
- (2) This option becomes exercisable in four equal annual installments beginning on 5/13/1999.
- (3) This option becomes exercisable in four equal annual installments beginning on 10/4/2007.
- (4) This option becomes exercisable in four equal annual installments beginning 8/31/2008.
- (5) This option becomes exercisable in four equal annual installments beginning 12/31/2008.

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.