#### **BRESSON MICHAEL K**

Form 5

February 13, 2009

<b>FORM</b>	<b>1</b> 5							OMB AF	PPROVAL	
. 0111	_	STATES SECU	RITIES AN	ND EXC	HAN	GE COM	IMISSION	OMB Number:	3235-036	
Check this box if no longer subject		Washington, D.C. 20549						Expires:	January 31	
to Section Form 4 of 5 obligate may con See Instr	on 16. Or Form ANN tions tinue.		TATEMENT OF CHANGES IN BENEF OWNERSHIP OF SECURITIES					Estimated average burden hours per response		
1(b).	Filed pur Holdings Section 17(	rsuant to Section (a) of the Public U 30(h) of the I	Jtility Holdi	ng Comp	any .	Act of 193				
	Address of Reporting N MICHAEL K	Symbol INVE	2. Issuer Name and Ticker or Trading Symbol INVERNESS MEDICAL INNOVATIONS INC [IMA]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (	(First) (Middle) 3. Statement for Issuer's (Month/Day/Year) 12/31/2008			X_ Officer (giv			e title 10% Owner Other (specify below) gers and Acquisitions		
51 SAWY	ER ROAD, SUITI	E 200					VF, Meigei	is and Acquisi	tions	
	(Street)		nendment, Date onth/Day/Year)	e Original		6. I	ndividual or Joi	nt/Group Repo	_	
WALTHA	M, MA 02453						Form Filed by O	ne Reporting Pe	erson	
(City)	(State)	(Zip) Tak	ole I - Non-De	rivative So	ecuriti	ies Acquire	d, Disposed of,	or Beneficial	ly 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. Securi or Dispos (Instr. 3,	sed of 4 and (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/31/2008	Â	J <u>(1)</u>	395	A	\$ 16.0735	7,642	D	Â	

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

Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(9-02)

### Edgar Filing: BRESSON MICHAEL K - Form 5

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transaction Code	5. Number of	6. Date Exerc Expiration Do (Month/Day/	ate	7. Title Amou Under	nt of	8. Price of Derivative Security	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e	. va.,	Securi	, ,	(Instr. 5)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

of D

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b></b>	Director	10% Owner	Officer	Other			
BRESSON MICHAEL K 51 SAWYER ROAD, SUITE 200 WALTHAM, MA 02453	Â	Â	VP, Mergers and Acquisitions	Â			

## **Signatures**

/s/ Jay McNamara, Attorney in Fact 02/13/2009

\*\*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) These securities were acquired under the Inverness Medical Innovations, inc. Employee Stock Purchase Plan. This transaction, which is exempt from Section 16(b) by virtue of Rule 16-3(c), is being voluntarily reported.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2