FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | Washington, | D.C. | 20549 |
|------------------------|-------------|------|-------|
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL |
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| OWNEDSHID |

| OMB APPROVAL | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average | burden | | | | | | |

| | ion 1(b). Holdings Repo | rted. | 7 | | | ow | NE | RSHI | P | | | | ll. | | l average bu response: | rden 1.0 | | |
|--|--|---|---|--|--|--|---------|--|--|---|---------|--|---|--|--|---------------------------------------|--|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ad | | | | | | | | | |
| 1. Name and Address of Reporting Person* CORCORAN KEVIN P | | | | 2. Issuer Name and Ticker or Trading Symbol PACIFIC BIOSCIENCES OF CALIFORNIA, INC. [PACB] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | | | | |
| | (Last) (First) (Middle) PACIFIC BIOSCIENCES OF CALIFORNIA, INC. 1305 O'BRIEN DRIVE | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016 | | | | | | SVP, Market Development | | | | | | |
| (Street) MENLO (City) | PARK CA | | 14025 Zip) | 4. If Amen | dmen | t, Date o | of Oriç | ginal File | d (Month/I | Day/Yea | | Fo | rm filed by | One Re | ing (Check eporting Pe nan One Re | rson | | |
| 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 3. Execution Date, if any Code (Instr. (Month/Day/Year) 8) | | | | | | or Disposed | ed Of 5. Amount of Securities Beneficially Owned at end of | | Forr | nership n: Direct | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | (MOHUI/Day/1 | Month/Day/Year) 8) | | | Amoun | t | (A) or (D) | Price | Issuei | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | | |
| Common | Stock | | 03/01/2016 | | | P | | 3,503 ⁽¹⁾ A | | A | \$4.071 | 5 3 | 8,739 | ,739 D | | | | |
| Common | Stock | | 09/01/2016 | | | P | | 1,7 | 16(1) | A | \$4.071 | 5 4 | 0,455 | | D | | | |
| | 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) | of Deriv Secu Acqu (A) o Disp of (D (Inst | of Expir (Mon Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbor of Title Shares | | 8. Price o Derivative Security (Instr. 5) | derivat Securit Benefic Owned Followi Report | ive ties cially ing ed ction(s) | 10. Ownershi Form: Direct (D) or Indirec: (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

 $1. \ Shares \ were \ acquired \ by \ the \ Reporting \ Person \ pursuant \ to \ the \ Issuer's \ Employee \ Stock \ Purchase \ Plan.$

Remarks:

Kevin P. Corcoran

01/27/2017

** 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.