FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ashington,	D.C.	20549	

wasnington,	, D.C. 20549

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Farmer Michele					2. Issuer Name and Ticker or Trading Symbol PACIFIC BIOSCIENCES OF CALIFORNIA, INC. [ PACB ]									heck	all app Direc	licable)	ng Person(s) to Is: 10% Ow Other (s		vner
(Last)	(Fir	st) (MCES OF CALI	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024								X	below) below			below)		
1305 O'BRIEN DRIVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MENLO	et) ENLO PARK CA 94025													X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Year) Execution		eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Ad Disposed Of (D			Acquired (A) or (D) (Instr. 3, 4 a		nd 5) Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/16			02/16/20	024			S		7,562(1)	D	\$5.95	8(2)	101,164 <sup>(3)</sup>			D			
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed )	Expiration (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			vative durity S. (r. 5) B O F	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Represents the number of shares automatically sold to cover tax withholding obligations in connection with the vesting of restricted stock units.
- 2. This sale price represents the weighted average sale price of the shares sold ranging from \$5.69 to \$6.65 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 3. Includes 1,149 shares purchased on September 1, 2023 under the Company's 2010 Employee Stock Purchase Plan.

## Remarks:

Chief Accounting Officer

/s/ Michele Farmer

02/21/2024

\*\* Signature of Reporting Person

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.