UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | FORM | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | | | | | |
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| | | | | | W | /ashir | igton, D.C. | 2054 | 49 | | | | | OMB | APPROV | 'AL | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | Estima | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Person* ORDONEZ KATHY | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PACIFIC BIOSCIENCES OF</u> <u>CALIFORNIA, INC.</u> [PACB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below) | | | ner | |
| (Last)(First)(Middle)PACIFIC BIOSCIENCES OF CALIFORNIA,1380 WILLOW ROAD | | | | 0 | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. II | | | | | | | | , | int/Group | Filing | | icable |
| (Street) MENLO PARK CA 94025 | | | | ^{4.} | 4. In Amendment, Date of Original Filed (Month/Dayr reaf) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | | | | | | | | | | | | | | | |
| 1 Title of t | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of | | | | | | | | | | | | | | | | |
| Date | | | | | | Execution Date, if any (Month/Day/Year | | Transaction Code (Instr. | | Disposed Of (D) (Instr. 3, | | 3, 4 and 5 | 4 and 5) Securities Beneficially Owned Foll Reported | | Form: | : Direct I r Indirect I str. 4) (| Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | le | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | .011(3) | | |
| Stock Option (right to buy) | \$5.8 | 05/20/2015 | | A | | 25,000 ⁽¹⁾ | | 06/20/2015 | 5 ⁽²⁾ | 05/20/2025 | Common Stock | 25,000 | \$0 | 25,00 |)0 | D | |

Explanation of Responses:

1. This is an annual grant made pursuant to the Issuer's automatic director grant policy, as previously disclosed in the Issuer's most recent proxy statement filed with the SEC.

2. The shares subject to the option will vest in equal monthly installments over a one year period.

/s/ Susan K. Barnes, Attorney-05/21/2015

in-fact for Ordonez Kathy

Date

** 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.