FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* MILLIGAN JOHN F | | | | <u>P/</u> | 2. Issuer Name and Ticker or Trading Symbol PACIFIC BIOSCIENCES OF CALIFORNIA, INC. [PACB] | | | | | | | | neck all X D | applica irector | , | | on(s) to Issu 10% Ov Other (s | ner | | |
|--|--|------------|------------------|--------------------------|--|---|--|--------|--|-------------------------------|-------------------------------------|-----------------|--|---|---|--|-------------------------------------|---|--|--|
| (Last) (First) (Middle) PACIFIC BIOSCIENCES OF CALIFORNIA, INC. 1305 O'BRIEN DRIVE | | | | 80 | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2020 | | | | | | | | | elow) | | | below) | | | |
| (Street) MENLO (City) | PARK C. | | 94025 (Zip) | | 4. 1 | | | | | | | | 6. Lir | e) <mark>X</mark> F | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Code (| Transaction Disposed Of (D) (Instr. 3, 4 | | | | | | es Form ally (D) o following (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V Amount (A) or (D) | | | | Price | Tra | ansaction(s) str. 3 and 4) | | | | ,, | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | ransa Code (I | ansaction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | ies g Security | Derivativ Security (Instr. 5) | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | Own S For Ully Dire or I U (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | |
| Stock Option (right to buy) | \$3.89 | 08/04/2020 | | | A | | 97,785 | | 09/04/2020 |) ⁽¹⁾ | 08/04/2030 | Common Stock | 97,78 | 5 \$0 | .00 | 97,78 | 5 | D | | |

Explanation of Responses:

1. The shares subject to the option will vest in equal monthly installments over a one year period, or if earlier, on the date of the Issuer's next annual meeting of stockholders, provided that the Reporting Person continues to serve as a director through each vesting date.

Remarks:

/s/ Susan K. Barnes, Attorneyin-fact

08/06/2020

** 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.