FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHI

on, D.C. 20549 OMB APPROVAL

IP	OMB Number:	3235-0287							
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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

1. Name and Address of Reporting Person* SIEGEL SUSAN E				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% Ow	ner	
(Last)	(1	First)	(Middle)		Carrie Carrier (mos)							Officer (below)	(give title	Other (s below)	pecify	
PACIFIC BIOSCIENCES OF CALIFORNIA, INC.				3. Date of Earliest Transaction (Month/Day/Year)									,			
			FORNIA, INC	" O	6/23/2	2011										
1380 WILLOW ROAD			4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6 In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				— I "		5a		Origina no	(. wy, 1	ou.,	Line		5 G. Gup	.g (0.100k / pp	oab.o
-	PARK C	^A	94025									7	Form fil	ed by One Rep	porting Person	
			3 1023										Form fil Person	ed by More tha	an One Report	ing
(City)	(1	State)	(Zip)										F 613011			
(City)	(-	State)	(Zip)													
		Ta	ble I - Non-D	erivati	ve Se	ecurities	Acq	juired, Di	sposed	of,	or Ben	eficially	Owned			
				Transactio						5. Amoun			7. Nature of			
Date (Month			ite onth/Day/	Year)	Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		Of (D) (Instr. 3, 4 and		Securities Beneficia	lly (D)	or Indirect	ndirect Beneficial		
												Owned For Reported			Ownership Instr. 4)	
							Code V	Amoun	t	(A) or (D)	Price	Transacti (Instr. 3 a		ľ	•	
											` '	<u> </u>		,	<u> </u>	
			Table II - De (e.					ired, Dis options,					Owned			
1. Title of Derivative Security (Instr. 3) 2. Conversion Date Of Derivative Security (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		ersion Date Exec ercise (Month/Day/Year) Exec of (Month/Day/Year) (Mon		Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		6. Date Exercisable and Expiration Date (Month/Day/Year) Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			es Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				4 and 5)							Reported	1				
												Amount or Number		Transaction(s (Instr. 4)	3)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date		Title	of Shares				
Stock Option	\$10.58	06/23/2011				12,500 ⁽¹⁾		(2)	06/23/20	,, (Common	12,500	\$0	12,500	D	
(right to buy)	\$10.56	00/23/2011		A		12,500(1)		(2)	06/23/20.	21	Stock	12,500	Φ∪	12,500	b	

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. 1/3rd of the shares subject to the option will vest on the one year anniversary of the date of grant, and the balance of shares will vest monthly thereafter over the next two years.

Brian Dow, Attorney-in-fact for Susan E. Siegel 06/27/2011

** 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.