Instruction 1(b).

FORM 4

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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

**OMB APPROVAL** OMB Number: 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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person*     Kim Susan G.						2. Issuer Name <b>and</b> Ticker or Trading Symbol PACIFIC BIOSCIENCES OF CALIFORNIA, INC. [ PACB ]								5. Relationship of Reportin (Check all applicable) Director Officer (give title			g Person(s) to Issuer  10% Owner  Other (specify		vner
(Last) (First) (Middle)														below)				below)	респу
PACIFIC BIOSCIENCES OF CALIFORNIA, INC. 1305 O'BRIEN DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024								See Remarks					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
MENLO PARK CA 94025					Form filed by One Reporting  Form filed by More than One  Person									•					
(City)	(St	ate) (2	Zip)												. 0.00				
		Table	I - N	on-Deriva	tive S	Secui	rities A	Acqu	ired	I, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,		Co	Transaction Disposed Of Code (Instr.			Acquired (A) or (D) (Instr. 3, 4 and		d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Co	ode	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(IIISU. 4)
Common Stock 09/30/20					24				S		19,782(1)	D	\$1.72	22(2)	695,654(3)			D	
		Tal	ole II	- Derivati (e.g., pu				•			osed of, convertib			•	wne	d			
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. Numbor of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ive ies ed	Expira	e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deriv	ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													Amount or Number						

## **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.

Code

2. This sale price represents the weighted average sale price of the shares sold ranging from \$1.71 to \$1.74 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.

(D)

Date

Exercisable

3. Includes 3,176 shares purchased on September 3, 2024 under the Company's 2010 Employee Stock Purchase Plan.

## Remarks:

Chief Financial Officer

/s/ Michele Farmer, Attorney-

Shares

10/02/2024

in-fact

Expiration

Date

Title

\*\* 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.