

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| The results of responding resident | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------|---------|--------------------------------------|--|----------------------------|----------|---------------------------|----------------|--|---------------|--|--------------------|---|--------------------------------------|---|--|--|
| Nussbaum R | Robert L | | | | In | vita | e Cor | p [NV] | $[\mathbf{A}]$ |] | | | | | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | Director 10% Owner 1 X Officer (give title below) Other (specify below) | | | | |
| C/O INVITAE CORPORATION, 1400 16TH STREET | | | | | | 6/22/2018 | | | | | | | | Chief Medica | l Officer | | | |
| | (Stre | eet) | | | 4. | If An | nendme | nt, Date C | rigi | nal Fil | ed (M | IM/DI | D/YYY | Y) 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) |
| SAN FRANC | CISCO, (| | | | | | | | | | | | | X Form filed by | | rting Person One Reporting P | 'erson | |
| | | | Table | I - No | n-De | rivat | ive Sec | urities Ac | quir | red, Di | ispos | ed o | f, or E | Beneficially Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | | | eemed ition if any | 3. Trans. Co (Instr. 8) | de | or Dispo | | osed of (D) | | Following Reported Transaction(s) (Instr. 3 and 4) | | 6. 7. Nature Ownership Form: Beneficia Direct (D) Ownershi | | | | |
| | | | | | | | | Code | V | Amou | | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock 6/22/201 | | | | 018 | 3 | | A | | 12500 (1) | | A | \$0.00 | 179435 | | D | | | |
| | Tab | le II - Der | ivative | e Secur | ities | Bene | ficially | Owned (| e.g. | , puts | , call | s, wa | ırranı | ts, options, conve | rtible sec | urities) | l | |
| 1. Title of Derivate Security (Instr. 3) | lecurity Conversion or Exercise Price of Derivative | | Executi | A. Deemed d. Tracecution ate, if any | | Acquire Dispose | | ve Securities I (A) or | | 5. Date Exercisable and Expiration Date | | | Securit Derivat | and Amount of ies Underlying tive Security 3 and 4) | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | | Code | V | (A) | (D) | Date Exe | e rcisable | Expir Date | ation | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Shares issuable upon settlement of a restricted stock unit award that vests in three equal installments, with 1/3rd of the total award vesting on each of: August 15, 2019, 2020 and 2021.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|--------------------|--|------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| Nussbaum Robert L | | | | | | | | |
| C/O INVITAE CORPORATION | | | Chief Medical Officer | | | | | |
| 1400 16TH STREET | | | Ciliei Medical Officer | | | | | |
| SAN FRANCISCO, CA 94103 | | | | | | | | |

Signatures

/s/ Robert Nussbaum 6/25/2018

**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 control number.