

BRESSON MICHAEL K  
Form 5  
February 13, 2009

# FORM 5

OMB APPROVAL

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

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person \*  
**BRESSON MICHAEL K**

(Last)                    (First)                    (Middle)

2. Issuer Name and Ticker or Trading Symbol  
**INVERNESS MEDICAL  
INNOVATIONS INC [IMA]**

5. Relationship of Reporting Person(s) to Issuer  
  
(Check all applicable)

3. Statement for Issuer's Fiscal Year Ended  
(Month/Day/Year)  
**12/31/2008**

Director                     10% Owner  
 Officer (give title below)                     Other (specify below)  
VP, Mergers and Acquisitions

**51 SAWYER ROAD, SUITE 200**  
  
(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting  
  
(check applicable line)

**WALTHAM, MA 02453**

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City)                    (State)                    (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/31/2008	Ã	J <sup>(1)</sup>	395 A	\$ 16.0735	D	Ã

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**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.**

SEC 2270 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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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)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Amount or Number of Shares
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BRESSON MICHAEL K 51 SAWYER ROAD, SUITE 200 WALTHAM, MA 02453	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VP, Mergers and Acquisitions	<input type="checkbox"/>

## Signatures

/s/ Jay McNamara, Attorney  
in Fact 02/13/2009

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) These securities were acquired under the Inverness Medical Innovations, inc. Employee Stock Purchase Plan. This transaction, which is exempt from Section 16(b) by virtue of Rule 16-3(c), is being voluntarily reported.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.