FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SCHREIBER DAVID | | | | | 2. Issuer Name and Ticker or Trading Symbol VERMILLION, INC. [VRML] | | | | | | | | | (Chec | Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Owne | | | | | |
|---|---|--|---|---------------------------------------|--|-------------------------------------|--|---|--|---|-------------------------|--|--------------------------------|----------------|---|---|---------|--|---|--|
| (Last) | (Fi |) | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2019 | | | | | | | | |] ^ | | er (give title | | Other (specify below) | | | | |
| C/O VERMILLION, INC. 12117 BEE CAVES RD, BLDG 3-100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) AUSTIN | * | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | ip) | | | | | | | | | | | | | | | | | |
| | | Table I - No | n-D | erivativ | e Sec | urit | ies | Acq | uired | , Di | sposed | of, d | or B | enef | icially | Owned | i | | | |
| Date | | | | 2. Transaction Date (Month/Day/ | Year) E | emed ion Date, if a/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Secur Benef Owne | | ially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount (A) | | or) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (31. 4) | | (1113C1 : 4) | |
| Common Stock 06/03/2 | | | | | 019 | | | | S | | 10,000 ⁽¹⁾ D | | D | \$1.1 | 164,905 | | | D | | |
| | | Table II | | rivative g., puts, o | | | | • | | - | | | | | - | wned | | | | |
| 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 Securities Underlying Derivative Security (Instr 3 and 4) | | D Se (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercise | able | Expiration Date | Title | Amo or Num of Shar | iber | | | | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

/s/ David Schreiber 06/04/2019

** 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.