## Mandavia Diku MD Form 3 July 21, 2010 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address Person <u>*</u> Mandavia Dil	· ·	rting	Statement (Month/Day/Year)	3. Issuer Nam SONOSITE	e and Ticker o E INC [SON		ng Symbol
· · · ·	irst)	(Middle)	07/20/2010	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
21919 30TH DR (Str	reet)				all applicable)	_	6. Individual or Joint/Group Filing(Check Applicable Line)
BOTHELL, W	'AÂ 980	21		.e	/) (specify belo f Medical Offi	w)	_X_Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (St	ate)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-
Common Stock			12,500		D	Â	
Reminder: Report on owned directly or ind	-	e line for eac	ch class of securities benefic	ially SI	EC 1473 (7-02	)	
	informa require	tion conta d to respoi	oond to the collection of ined in this form are not nd unless the form displ IB control number.				
Table	II - Deriv	vative Secur	ities Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
					or Exercise	Form of Derivative	(Instr. 5)
					Price of		
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative	Security:	
					Security	Direct (D)	
						or Indirect	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares (I) (Instr

## (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Mandavia Diku MD 21919 30TH DR SE BOTHELL, WA 98021	Â	Â	SVP, Chief Medical Officer	Â			
Signatures							
Shannon Atchison, Attorney-in Mandavia, MD	-Fact for	Diku	07/21/2010				
<u>**</u> Signature of Repor	ting Person	Date					
<b>Explanation of Re</b>	spor	ises:					

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.

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.