#### **INVITROGEN CORP**

Form 4

November 16, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number:

January 31, Expires: 2005

burden hours per 0.5

Estimated average response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BARTHELEMY NICOLAS			2. Issuer Name <b>and</b> Ticker or Trading Symbol INVITROGEN CORP [IVGN]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
1600 FARA	DAY AVEN	NUE	(Month/Day/Year) 11/14/2007	Director 10% Owner _X Officer (give title Other (specify below)  SVP, Cell Culture Systems		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
CARLSBA	D, CA 92008	}	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zin)				

(City)	(State)	Tabl	e I - No	n-D	erivative	Secur	ities Acqu	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (Instr.		4. Securi n(A) or D: (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	11/14/2007	11/14/2007	M	V	2,500	A	\$ 64.51	15,438	D	
Common Stock	11/14/2007	11/14/2007	S	V	2,500	D	\$ 90	12,938	D	
Common Stock	11/15/2007	11/15/2007	S	V	1,031	D	\$ 90.61 (1)	11,907	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

#### Edgar Filing: INVITROGEN CORP - Form 4

# displays a currently valid OMB control number.

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

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 on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Da (Month/Day/Y	ate	7. Title an Underlyin (Instr. 3 an	g Securit
						Date Exercisable	Expiration Date	Title	Amo or Num

Code V (A) (D)

Shar

Non-Qualified Stock Option \$ 64.51 11/14/2007 11/14/2007 M V  $2,500 \atop \underline{(1)} \ \underline{(2)}$  11/14/2007 11/14/2015 Common Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

BARTHELEMY NICOLAS 1600 FARADAY AVENUE CARLSBAD, CA 92008

SVP, Cell Culture Systems

## **Signatures**

/s/ Joseph W. Secondine, Jr. POA

\*\*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).

11/16/2007

- (1) Options exercised pursuant to a 10b5-1 trading plan.
- (2) Options exercised from grant 100019.

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.

Reporting Owners 2