Sheehy Douglas T. Form 4 December 04, 2017

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

**OMB APPROVAL OMB** 

3235-0287 Number: January 31,

Expires: 2005 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.

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

Common Stock,

\$0.0001 par value Common Stock,

\$0.0001 par value 11/30/2017

11/30/2017

(Print or Type Responses)

See Instruction

1. Name and A Sheehy Dou	Symbol	2. Issuer Name and Ticker or Trading Symbol Aimmune Therapeutics, Inc. [AIMT]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
INC., 8000	E THERAPEUTIC	(Month/I	3. Date of Earliest Transaction (Month/Day/Year) 11/30/2017				Director 10% Owner See Remarks			
BRISBANE	(Street) E, CA 94005-1884	Filed(Mo	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tab	le I - Non-D	Derivative :	Securit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securiton(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

3,750 A \$ 19.63

D

\$ 37

3,750

3,750

D

D

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

M

 $S^{(1)}$ 

of

#### Edgar Filing: Sheehy Douglas T. - Form 4

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 1474 (9-02)

> De Sec (In

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. Transactio Code (Instr. 8)	5. Number owf 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)		
				Code V	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 19.63	11/30/2017		M	3,7	750	(2)	02/24/2027	Common Stock	3,750	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Sheehy Douglas T. AIMMUNE THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 300 BRISBANE, CA 94005-1884

See Remarks

# **Signatures**

/s/ Douglas T.

Sheehy 12/04/2017

\*\*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) This sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.

The shares subject to the option will vest and become exercisable as to one-forty-eighth (1/48th) of the total number of shares subject to

(2) the option in successive, equal monthly installments measured from February 24, 2017, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.

Reporting Owners 2

### Edgar Filing: Sheehy Douglas T. - Form 4

#### **Remarks:**

General Counsel and Corporate Secretary

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.