#### Edgar Filing: FIVE PRIME THERAPEUTICS INC - Form 4

FIVE PRIME THERAPEUTICS INC Form 4 October 30, 2015 **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Hambleton Julie Issuer Symbol FIVE PRIME THERAPEUTICS (Check all applicable) INC [FPRX] 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction Director X\_Officer (give title Other (specify (Month/Day/Year) below) below) C/O FIVE PRIME 09/18/2013 EVP & Chief Medical Officer THERAPEUTICS, INC., TWO CORPORATE DRIVE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting SOUTH SAN Person FRANCISCO, CA 94080 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of 3. 6. Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Form: Direct Beneficial Beneficially any (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price By Common 09/18/2013 Р I 800 husband's 800 Α Stock 14.75 IRA By Common 11/06/2013 Ρ 500 \$10.1 1,300 husband's A I Stock IRA By

> \$ 10.75

1,700

I

А

Ρ

400

Common

Stock

08/22/2014

husband's

IRA

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Common Stock	09/30/2013	Р	64	А	\$ 13.7	64	Ι	By son's custodial account
Common Stock						85,919 <u>(1)</u>	D	

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.

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

	D .
Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Derivative	ve Deriv
Security or Exercise any Code of (Month/Day/Year) Underlying Securit	Secu
(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 3)	) Bene
Derivative Securities (Instr. 3 and 4)	Owne
Security Acquired	Follo
(A) or	Repo
Disposed	Trans
of (D)	(Instr
(Instr. 3,	,
4, and 5)	
Amount	
Date Expiration or	
Exercisable Date Title Number	
Exercisable Date of	
Code V (A) (D) Shares	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
1	Director	10% Owner	Officer	Other				
Hambleton Julie C/O FIVE PRIME THERAPEUTICS, TWO CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 9408			EVP & Chief Medical Officer					
Signatures								
/s/ Francis Sarena, Attorney-in-Fact	10/30/2015							
**Signature of Reporting Person	Date							
Evalenation of Deene								

### **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).

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(1) Includes 179 shares granted to the reporting person by the Issuer pursuant to a company match under the Issuer's 401(k) plan.

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.