# Edgar Filing: Regulus Therapeutics Inc. - Form 4

Form 4	erapeutics Inc.										
February 07										B APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO								COMMISSIO	-	3235-0287	
Check the if no lon	oer.	Washington, D.C. 20549								January 31, 2005	
subject t Section		OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b).response0.50.5Filed 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 19400.5											
(Print or Type	Responses)										
XANTHOPOULOS KLEANTHIS G Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol				C	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			Regulus Therapeutics Inc. ["RGLS"] 3. Date of Earliest Transaction					(Check all applicable)			
(			(Month/Day/Year) 02/05/2014					X Director 10% Owner X Officer (give title Other (specify below) President & CEO			
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEG	O, CA 92121							Form filed by Person	More than Or	ne Reporting	
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivati	ve Sec	urities Aco	quired, Disposed	of, or Benef	icially Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if	Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(-)				By the Xanthopoulos	
Common Stock	02/05/2014			М	3,505	A	\$ 0.38	83,721	I	Family Trust dated September 30, 2011	
Common Stock	02/05/2014			S <u>(1)</u>	3,505	D	\$ 8.3987 (2)	80,216	I	By the Xanthopoulos Family Trust dated September 30,	

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### 2011

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)

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. Transactic Code (Instr. 8)	Transaction of Derivative Code Securities		Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 0.38	02/05/2014		М	3,505	(3)	02/08/2019	Common Stock	3,505	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
XANTHOPOULOS KLEANTHIS G C/O REGULUS THERAPEUTICS INC. 3545 JOHN HOPKINS COURT, SUITE 2 SAN DIEGO, CA 92121	10 X		President & CEO					
Signatures								
/s/ Christopher Aker, Attorney-in Fact	02/07/2014							
**Signature of Reporting Person	Date							
Explanation of Pospons	001							

## **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) Reported transaction occurred pursuant to Rule 10b5-1 Plan adopted August 26, 2013.

(2)

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The weighted average sale price for the transaction reported was \$8.3987, and the range of prices were between \$8.10 and \$9.03. Upon request by the SEC staff, the issuer, or any security holder of the issuer, full information regarding the number of shares purchased or sold at each separate price will be provided.

(3) The shares subject to the option are fully vested.

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.