Edgar Filing: Orford Keith - Form 4

Orford Keith	h											
Form 4 July 19, 201	7											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITED) STATES	S SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject to Section Form 4 c	ger STATE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 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 See Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type	Responses)											
Orford Keith S			Symbol	r Name an ra Bioscie				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	Calithera Biosciences, Inc. [CALA] 3. Date of Earliest Transaction (Check					k all applicable)				
				/Day/Year) /2017				Director 10% Owner X Officer (give title Other (specify below) below) SR. VP, CLINICAL DEVELOPMENT				
					onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
SOUTH SA FRANCISC	AN CO, CA 94080							Form filed by Mo Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. 4. Securities Acquired (A Transactiom Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			(D) 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)		
Common Stock	07/17/2017			S <u>(1)</u>	2,120	(D) D	Price \$ 18.3126 (2)	6,879 <u>(3)</u>	D			

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

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 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)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	reporting of their random random		10% Owner	Officer				
Orford Keith C/O CALITHERA BIOSCI 343 OYSTER POINT BLV SOUTH SAN FRANCISCO	D. #200			SR. VP, CLINICAL DEVELOPMENT				
Signatures								
/s/ Keith Orford	07/19/2017							

<u>**</u>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) Reported transaction occurred pursuant to a Rule10b5-1 Trading Plan adopted on June 16, 2017.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.90 to \$18.675, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the

- (2) To \$13.013, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, of the start of the start of the start of the range set forth above.
- (3) Includes 6,879 shares acquired under the Company's 2014 Employee Stock Purchase Plan on May 13, 2016, November 15, 2016 and June 9, 2017.

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.

Other