Edgar Filing: Aralez Pharmaceuticals Inc. - Form 4

Aralez Pharmace Form 4 March 22, 2017 FORM 4 Check this box if no longer subject to Section 16.	Was	URITIES AND EXCHANGE COMMISSIO ashington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OI SECURITIES					Sind3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per				
Form 4 or Form 5 obligations may continue. See Instruction 1(b).response0Filed 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								0.5			
(Print or Type Respo	onses)										
KOVEN ANDREW I Symbol			uer Name and Ticker or Trading 1 z Pharmaceuticals Inc. [ARLZ]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mid		Date of Earliest Transaction				(Check all applicable)				
C/O ARALEZ PHARMACEU' WEST CREDIT 101	(Month/D) 03/20/20	nth/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below) President & Chief Business Off					
	(Street)	4. If Amendment, D			, Date Original			6. Individual or Joint/Group Filing(Check			
MISSISSAUGA	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Z	^{ip)} Table	e I - Non-De	erivative S	Securi	ties Aco	uired, Disposed of	. or Beneficial	lv Owned		
	-		3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (D) (Instr. 3,	ties Ad isposed 4 and (A) or	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Shares, 03 without par value	3/20/2017		S <u>(1)</u>	7,825	D	\$ 2.41 (2)	1,416,411	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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						
	Director	10% Owner	Officer	Other			
KOVEN ANDREW I C/O ARALEZ PHARMACEUTICALS INC., 7100 WEST CREDIT AVENUE, SUITE 101 MISSISSAUGA, A6 L5N 0E4			President & Chief Business Off				
Signatures							
/s/ Eric L. Trachtenberg, attorney-in-fact for An Koven	ndrew I.		03/22/2017				
**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).
- This represents shares sold by the issuer on behalf of the reporting person pursuant to an instruction made in accordance with Rule 10b5-1
 (1) for payment of withholding tax liability incurred upon the vesting of 20,710 restricted stock units, which were previously granted on March 17, 2016 and which vested on March 17, 2017.
- This transaction was executed in two trades at prices of \$2.4100 and \$2.4101. The price reported above reflects the weighted average sale
- (2) price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.