Edgar Filing: FIVE PRIME THERAPEUTICS INC - Form 4

| FIVE PRIM Form 4 May 23, 20 | IE THERAPEUT | ICS INC | | | | | | |
|--|---|--------------------------------|---------------------------------------|---|--|--|--------------------------|--|
| FORN | ЛЛ | | | ND EXCHANGE | COMMISSIO | N OMB | PPROVAL 3235-0287 | |
| Washington, D.C. 20549Number:32Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | |
| (Print or Type | Responses) | | | | | | | |
| 1. Name and RINGO W | Address of Reporting ILLIAM R | Symbo FIVE | l | Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) TWO CORPORATE DRIVE | | | of Earliest Tr /Day/Year) /2016 | ansaction | XDirector10% Owner Officer (give titleOther (specify below)below) | | | |
| SOUTH SA FRANCIS | | nendment, Da Ionth/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) Ta | ble I - Non-D | Derivative Securities A | cauired. Disposed | of. or Beneficia | llv Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactior Code | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | 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 | |
| Reminder: Re | port on a separate line | e for each class of se | curities benefi | information cont required to respo | or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |
| | Tab | | - | uired, Disposed of, or options, convertible s | - | 1 | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|------------|---------------------|--------------------|----------|---------------|-------------------------|------------------------|---|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transact | iorDerivative | Expiration Date | Underlying Securities | J |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Instr. 3 and 4) | | () (| | |
|--------------------------------------|---|------------|-------------------------|--------------------|---|-----|---------------------|--------------------|-----------------|-------------------------------------|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 42.25 | 05/19/2016 | | A | 10,000 | | <u>(1)</u> | 05/19/2026 | Common Stock | 10,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| RINGO WILLIAM R TWO CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Francis Sarena, Attorney-in-fact | 05/23/201 | 6 | | | | |
| **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 option will vest in its entirety on the earlier to occur of (i) May 19, 2017 or (ii) the day before the 2017 annual meeting of stockholders of Five Prime Therapeutics, Inc.

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.

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