ChemoCentryx, Inc. Form 4 November 14, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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January 31, 2005

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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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person * Bekker Petrus			2. Issuer Name and Ticker or Trading Symbol ChemoCentryx, Inc. [CCXI]	5. Relationship of Reporting Person(s) to Issuer		
Ø. A	(F' 1)	0.6.1.11	• ' '	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
C/O CHEMOCENTRYX, INC., 850 MAUDE AVENUE			11/09/2016	X Officer (give title Other (specify		
				below) below)		
				Chief Medical Officer		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Che		
			Filed(Month/Day/Year)	Applicable Line)		
				X Form filed by One Reporting Person		
MOUNTAIN VIEW, CA 94043				Form filed by More than One Reporting		
MOUNTAIN	VIEW, C	A 94043		Person		

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	11/09/2016		M	634	A	\$6	54,228	D	
Common Stock	11/09/2016		S(1)	634	D	\$8	53,594	D	
Common Stock	11/10/2016		M	30,000	A	\$ 6	83,594	D	
Common Stock	11/10/2016		S(1)	30,000	D	\$8	53,594	D	
Common Stock	11/11/2016		M	2,698	A	\$6	56,292	D	

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Common Stock

11/11/2016

 $S_{\underline{-}1}^{(1)}$

2,698 D \$ 8 53,594

D

(9-02)

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 6	11/09/2016		M	634	09/10/2008(2)	09/10/2018	Common Stock	634
Stock Option (right to buy)	\$6	11/10/2016		M	22,698	09/10/2008(2)	09/10/2018	Common Stock	22,698
Stock Option (right to buy)	\$ 6	11/10/2016		M	7,302	02/17/2009(2)	02/17/2019	Common Stock	7,302
Stock Option (right to buy)	\$6	11/11/2016		M	2,698	02/17/2009(2)	02/17/2019	Common Stock	2,698

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

Bekker Petrus

Chief Medical Officer

C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE

2 Reporting Owners

MOUNTAIN VIEW, CA 94043

Signatures

/s/ Susan M. Kanaya, as Attorney-in-Fact

11/14/2016

**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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- (2) As of November 10, 2016 and prior to this transaction, the option fully vested.
- (3) Not applicable.

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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