Zosano Pharma Corp Form 3 January 26, 2015

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

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SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Oza Nandan

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

01/26/2015

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Zosano Pharma Corp [ZSAN]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ZOSANO PHARMA CORPORATION, Â 34790 ARDENTECH COURT

(Street)

10% Owner Director _X__ Officer

(Check all applicable)

Chief Operating Officer

Other (give title below) (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

FREMONT. CAÂ 94555

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

(Instr. 5) Form:

Direct (D) or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

Exercisable

3. Title and Amount of Securities Underlying **Derivative Security**

5. Conversion or Exercise

6. Nature of Indirect Ownership Beneficial Ownership Form of (Instr. 5)

(Instr. 4)

Expiration Date

Title Amount or Number of Derivative Security

Price of

Derivative Security: Direct (D)

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				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	05/24/2023	Common Stock	42,452	\$ 1.4	D	Â
Employee Stock Option (right to buy)	(2)	04/15/2024	Common Stock	5,000	\$ 1.28	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
Oza Nandan						
C/O ZOSANO PHARMA CORPORATION	â	â	Chief Operating Officer	â		
34790 ARDENTECH COURT	А	А	A Chief Operating Officer	A		
FREMONT, CA 94555						

Signatures

/s/ Robert W. Sweet, Jr., Attorney-in-Fact for Nandan Oza

01/26/2015

**Signature of Reporting Person

Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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).
- shares in equal monthly installments over three years; provided that if the holder is terminated without cause or resigns for good reason (as these terms are defined in the holder's employment agreement), then the option will become exercisable for an additional 12.5% of the total underlying shares; provided further that if the option holder is terminated without cause or resigns for good reason within one year

The option became exercisable for 10,613 shares on May 13, 2014, and thereafter becomes exercisable for the remaining underlying

- after a change in control (as defined in the holder's employment agreement), then the option will become exercisable for 100% of the underlying shares.
- 25% of the total shares shall vest on April 15, 2015, and thereafter the option becomes exercisable for the remaining underlying shares in equal monthly installments over three years.

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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