Capnia, Inc. Form 3 May 28, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 0.5 response...

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 <u>*</u> Ebbers Ed		2. Date of Event Requiring Statement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Capnia, Inc. [CAPN]				
irst)	(Middle)	05/15/2015		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
3 TWIN DOLPHIN DRIVE, SUITE 160				(Check all applicable)			1100(110100209)1001)	
reet) 4065				Director10% Owner X_OfficerOther (give title below) (specify below) See Remarks			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
ate)	(Zip)	Table	e I - N	on-Derivat	tive Securiti	es Be	neficially Owned	
		Benefi	icially (3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
neficially	y owned	0			D	Â		
directly. Persons informa required	s who resp tion conta d to respo	oond to the collecti ined in this form and unless the form	on of re not displa		EC 1473 (7-02)		
	irst) HIN DRI reet) 4065 (ate) n a separate directly. Persons informa required	irst) (Middle) HIN DRIVE, reet) 4065 (ate) (Zip) neficially owned n a separate line for eac directly. Persons who resp information conta required to respon	statement (Month/Day/Year) 05/15/2015 HIN DRIVE, reet) 4065 (Zip) Table 2. Am Benef (Instr. neficially owned 0 n a separate line for each class of securities to directly. Persons who respond to the collection information contained in this form a required to respond unless the form	Statement (Month/Day/Year) irst) (Middle) 05/15/2015 HIN DRIVE, reet) 4065 (Zip) Table I - N 2. Amount of Beneficially of (Instr. 4) neficially owned 0 n a separate line for each class of securities beneficidirectly. Persons who respond to the collection of information contained in this form are not	Statement (Month/Day/Year) Capnia, Ind Capnia, Ind (Month/Day/Year) irst) (Middle) 05/15/2015 4. Relationsh Person(s) to I HIN DRIVE, (Check (Check ate) reet)	Statement (Month/Day/Year) Capnia, Inc. [CAPN] irst) (Middle) 05/15/2015 4. Relationship of Reporting Person(s) to Issuer HIN DRIVE, (Check all applicable) reet)	Statement (Month/Day/Year) Capnia, Inc. [CAPN] irst) 05/15/2015 4. Relationship of Reporting Person(s) to Issuer HIN DRIVE, (Check all applicable) reet)	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Date Exercisable and Expiration Date	3. Title and Amount of	4.	5.	6. Nature of
Security	(Month/Day/Year)	Securities Underlying	Conversion	Ownership	Indirect
(Instr. 4)		Derivative Security	or Exercise	Form of	Beneficial
		(Instr. 4)	Price of	Derivative	Ownership
	Date Exercisable	Title	Derivative	Security:	(Instr. 5)
			Security	Direct (D)	

Edgar Filing: Capnia, Inc. - Form 3

		Expiration Date	Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option	04/13/2016(1)(2)(3)(4)(5)	05/15/2025 Common Stock	75,000	\$ 4.66	D	Â

Reporting Owners

attorney-in-fact

Reporting Owner Name / Address	Relationships				
	Director	Director 10% Owner Officer		Other	
Ebbers Ed 3 TWIN DOLPHIN DRIVE, SUITE 160 REDWOOD CITY, CA 94065	Â	Â	See Remarks	Â	
Signatures					
/s/ David O'Toole, 05/	28/2015				

**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).

One fourth (1/4) of the shares subject to the Option shall vest on the first anniversary of the Vesting Commencement Date (i.e. April 13, 2015), and one forty-eighth (1/48) of the shares subject to the Option shall vest each month thereafter on the same day of the month as the Vesting Commencement Date (and if there is no corresponding day, on the last day of the month), such that all of the shares subject to the

(1) Option will have vested as of the fourth anniversary of the Vesting Commencement Date, subject to Participant continuing to be a Service Provider (as defined in the Plan) through each such date; provided, however, that if Participant is terminated without cause or resigns for good reason occurs within three (3) months prior to, or six (6) months following, a Change in Control of the Company, then one hundred percent (100%) of the Option shall immediately vest and become fully exercisable.

"Cause" means: (i) Participant's act of personal dishonesty in connection with his responsibilities as an employee that is intended to result in Participant's substantial personal enrichment; (ii) Participant being convicted of, or pleading no contest or guilty to, (x) a misdemeanor that the Company reasonably believes has had or will have a material detrimental effect on the Company, or (y) any felony; (iii)

- (2) Participant's gross misconduct; (iv) Participant's willful and continued failure to perform the duties and responsibilities of Participant's position after there has been delivered to Participant a written demand for performance from the Company that describes the basis for the Company's belief that Participant has not substantially performed Participant's duties and Participant has not corrected such failure within thirty (30) days of such written demand;
- (3) (Continued from footnote 2) or (v) Participant's material violation of any written Company employment policy or standard of conduct, including a material breach of the Participant's confidential information agreement.

"Good Reason" means Participant's resignation within thirty (30) days following the expiration of any Company cure period (discussed below) following the occurrence of one or more of the following, without Participant's consent: (i) a material reduction in Participant's Base Salary, excluding the substitution of substantially equivalent compensation and benefits, that is not generally applicable to all Company senior management or employees of the Company generally; (ii) a material reduction of Participant's authority, duties or

- (4) Company senior management of employees of the Company generary, (ii) a material reduction of randerpan's authority, duties of responsibilities, unless Participant is provided with a comparable position; provided, however, that a reduction in authority, duties, or responsibilities solely by virtue of the Company being acquired and made part of a larger entity whether as a subsidiary, business unit or otherwise (as, for example, when the Chief Executive Officer of the Company remains as such following an acquisition where the Company becomes a wholly owned subsidiary of the acquirer,
- (5) (Continued from footnote 4) but is not made the Chief Executive Officer of the acquiring corporation) will not constitute "Good Reason"; or (iii) a material change in the geographic location of Participant's primary work facility or location; provided, that a relocation of fifty (50) miles or less from Participant's then present location or to Participant's home as Participant's primary work location will not be considered a material change in geographic location. In order for an event to qualify as Good Reason, Participant must not terminate employment with the Company without first providing the Company with written notice of the acts or omissions constituting the grounds

Reporting Owners

Edgar Filing: Capnia, Inc. - Form 3

for "Good Reason" within ninety (90) days of the initial existence of the grounds for "Good Reason" and a reasonable cure period of not less than thirty (30) days following the date of such notice, and such grounds must not have been cured during such time.

Â

Remarks:

Senior Vice President, Chief Commercial Officer

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.