## Edgar Filing: Knickerbocker Aron Marc - Form 4

Knickerbock Form 4 October 24, 2	er Aron Marc 2017									
FORM	ΙΛ								PPROVAL	_
-	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0	
Check thi if no long subject to Section 1 Form 4 o	ger <b>STATE</b> 6.	MENT O	F CHAI	NGES IN SECUI	WNERSHIP OF	Estimated a burden hou	Estimated average burden hours per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pu ns Section 17	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								0.5
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u>*</u> Knickerbocker Aron Marc			2. Issuer Name <b>and</b> Ticker or Trading Symbol FIVE PRIME THERAPEUTICS				5. Relationship of Reporting Person(s) to Issuer			
			INC [FPRX]				(Check all applicable)			
(Last)	(Middle) E	3. Date of Earliest Transaction (Month/Day/Year) 10/20/2017				X Director 10% Owner X Officer (give title Other (specify below) below) Chief Operating Officer				
SOUTH SA FRANCISC	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>					
		(7:)								
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	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 Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(msu. 5 anu 4)			
Reminder: Rep	ort on a separate lin	e for each cl	ass of sec	urities bene	-	-	-			
					inforr requi	nation cont red to resp	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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

number.

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed or (Instr. 3, 4, 5)	f (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 46.8	10/20/2017		А	138,450		<u>(1)</u>	10/19/2027	Common Stock	138,45
Reporting Owners										

Reporting Owner Name / Address			Relationships	hips		
	Director	10% Owner	Officer	Other		
Knickerbocker Aron Marc TWO CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080	Х		Chief Operating Officer			
Signatures						
/s/ Francis Sarena, Attorney-in-Fact	10/24/20	17				
**Signature of Reporting Person	Date					
Explanation of Pospon	6061					

## **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 shares underlying the option vest at a rate of one forty-eighth (1/48th) per month starting on November 20, 2017, provided the reporting person provides services to Five Prime Therapeutics, Inc. through each such date.

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.