### Edgar Filing: Shacham Sharon - Form 4

Shacham Sh Form 4	aron										
December 2	0, 2017										
FORM	14		on cuu		<b>a</b> .			NGE G		OMB AF	PROVAL
UNITED STATES SEV								NGE CO	DMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated a burden hour response			
(Print or Type	Responses)										
1. Name and A Shacham S	Address of Reporting haron		Symbol	harm [		l Ticker or		-0	5. Relationship of l Issuer (Check	Reporting Pers	
(Last) C/O KARY THERAPE AVENUE			3. Date o (Month/I 12/18/2	Day/Yea		ransaction			Director _X Officer (give below) Pres		Owner r (specify
NEWTON,	(Street) MA 02459		4. If Ame Filed(Mo			ate Original		-	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson
(City)	(State)	(Zip)	Tab	le I - No	on-D	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)				4. Securiti nor Dispos (Instr. 3, 4	ies Ac ed of (	quired (A) (D)	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
Common Stock	12/18/2017			M <u>(1)</u>	·	10,000	A		522,143	I	By Spouse
Common Stock	12/18/2017			S <u>(1)</u>		10,000	D	\$ 9.1553 (2)	512,143	Ι	By Spouse
Common Stock									713,510	D	
Common Stock									47,309	Ι	By GRAT

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Common			By
	47,309	Ι	Spouse's
Stock	,	-	$\frac{GRAT}{(4)}$
			$\mathbf{OKAI} \underline{(\cdot)}$

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration Date s (Month/Day/Year) l (A) sed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.264	12/18/2017		M <u>(1)</u>	10,000	(5)	12/13/2021	Common Stock	10,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shacham Sharon C/O KARYOPHARM THERAPEUTICS INC. 85 WELLS AVENUE NEWTON, MA 02459			President & CSO			
Signatures						
/s/Christopher B. Primiano, Attorney-in-Fact for Shacham	Sharon		12/20/2017			
**Signature of Reporting Person			Date			
Explanation of Responses:						

## 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) These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the spouse of the reporting person.

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Represents the weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$9.0501 to \$9.3500,(2) inclusive. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

- (3) These shares are held by the Sharon Shacham 2016 Qualified Annuity Interest Trust.
- (4) These shares are held by the Michael G. Kauffman 2016 Qualified Annuity Interest Trust.
- (5) This option, representing a right to purchase a specified number of shares, vested as to 25% of the shares on December 12, 2012, and the remaining 75% vested in 36 equal monthly installments thereafter.

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.