Edgar Filing: Capnia, Inc. - Form 4

Capnia, Inc. Form 4 April 13, 201	17										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer STATEMENT OF CHANCES IN DENERICIAL OWNERSHIP OF								Expires:	January 31, 2005		
subject to STATEMENT OF CHANC							NERSHIP OF	Estimated a			
Section 1 Form 4 o		SECURITIES						burden hours per response 0.5			
Form 5		suant to Section	16(a) of th	e Securiti	ies E	xchang	e Act of 1934.	response	tesponse 0.5		
obligation	ns Section 17(s	a) of the Public U				•		n			
may cont See Instru	inue.	30(h) of the I	•	•	- ·						
1(b).											
(Print or Type I	Pasmonsos)										
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1. Name and Address of Reporting Person <u>2</u> . Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
SHAH MAI	HENDRA	Symbol	C C				Issuer				
		Capnia	ia, Inc. [CAPN]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of			of Earliest Transaction			(Check an approable)					
	/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify							
C/O VIVO	1000000000000000000000000000000000000				below)	er (speerry					
			andmant. Data Original			6 Individual or Joint/Group Filing(Check					
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
	X Form filed by One Reporting Person										
PALO ALT	O, CA 94301						Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip) Tal	ole I - Non-D	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		on Date, if Transaction(A) or Disposed of			5. Amount of 6. Ownership 7. Nature of					
Security	(Month/Day/Year)						Form: Direct				
(Instr. 3)		any (Month/Dav/Year		Code (D) (Instr. 8) (Instr. 3, 4 and 5)				· /	Beneficial Ownership		
、 · · · · · · · · · · · · · · · · · · ·			(Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
a			Code V		(D)	\$					
Common	04/07/2017		А	2,533 (1)	А		97,117	D			
Stock				(1)		(2)					

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)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
SHAH MAHENDRA C/O VIVO CAPITAL LLC 505 HAMILTON AVENUE, SUITE 20 PALO ALTO, CA 94301	₉₇ X							
Signatures								
/s/ David O'Toole, attorney in fact	04/13/2017	7						
**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) Effective January 1, 2017, annual board and committee retainers payable to directors will be made in equivalent shares of the Issuer's common stock, on a quarterly basis.
- (2) The number of shares issuable in lieu of cash retainers was determined using the closing price per share of Issuer common stock on April 7, 2017, or \$0.63.

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.