Loxo Oncolo	gy, Inc.										
Form 4 November 19	2015										
										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STAT</b> 6. Filed <sup>15</sup> Section	pursuant to S 17(a) of the	Section 10 Public Ut	<b>SECUR</b> 6(a) of the	ITIES e Securiti ling Com	ies Ez ipany	xchang Act o	NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	Expires: Estimated a burden hou response n	rs per	
(Print or Type R	lesponses)										
Naider Avi Z. Sym				2. Issuer Name <b>and</b> Ticker or Trading Symbol Loxo Oncology, Inc. [LOXO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chee	.k an appneabl	·)	
	ONCOLOGY LANDMARK		(Month/D 11/17/20	-				X Director Officer (give below)		• Owner er (specify	
				ndment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
STAMFORI	D, CT 06901								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executio any	med	3. Transactio Code (Instr. 8)		ties Ao spose	cquired d of	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	
Common Stock	11/17/2015			Р	3,773	A	\$ 26.5	159,118	D		

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)

**Reporting Owners** 

## Edgar Filing: Loxo Oncology, Inc. - Form 4

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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			
Naider Avi Z. C/O LOXO ONCOLOGY, INC. ONE LANDMARK SQUARE, SUITE 11 STAMFORD, CT 06901	22 X						
Signatures							
/s/ Sara Slifka, by power of attorney	11/19/2015						
**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).

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.