Loxo Oncology, Inc. Form 3 March 08, 2016

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 *

A Van Naarden Jacob

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

03/03/2016

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Loxo Oncology, Inc. [LOXO]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O LOXO ONCOLOGY, INC., 281 TRESSER **BOULEVARD, 9TH FLOOR**

(Street)

(Check all applicable) 10% Owner Director

_X__ Officer Other (give title below) (specify below) Chief Business Officer

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

STAMFORD. CTÂ 06901

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership 4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Form: Direct (D) or Indirect (I)

(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Conversion or Exercise

Price of

Security

Derivative

Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Expiration Date (Month/Day/Year)

Exercisable

Expiration

Date

Title

Amount or Number of Security: Direct (D)

Edgar Filing: Loxo Oncology, Inc. - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	06/18/2024	Common Stock	128,953	\$ 3.648	D	Â
Employee Stock Option (right to buy)	(2)	12/18/2024	Common Stock	90,000	\$ 13.67	D	Â
Employee Stock Option (right to buy)	(3)	12/15/2025	Common Stock	43,000	\$ 31.69	D	Â

Reporting Owners

Reporting Owner Name / Address		Relationships				
	Director	10% Owner	Officer	Other		
Van Naarden Jacob C/O LOXO ONCOLOGY, INC. 281 TRESSER BOULEVARD, 9TH FLOOR STAMFORD, CT 06901	Â	Â	Chief Business Officer	Â		

Signatures

/s/ Sara Slifka, by power of attorney 03/08/2016

**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).
- The stock option vested and became exercisable as to 25% of the shares subject to the option on May 12, 2015, and thereafter vests as to 1/48th of the shares in equal monthly installments, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.
- (2) The stock option vests and becomes exercisable in 48 equal monthly installments beginning on January 19, 2015, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.
- (3) The stock option vests and becomes exercisable in 48 equal monthly installments beginning on January 16, 2016, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting 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.

Reporting Owners 2