UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Dermira, Inc. Form 3

(Instr. 4)

January 05, 2017

FORM 3

| | Washington, D.C. 20549 | | | | OMB Number: | 3235-0104 | |
|--|--|---|---|---|--|-------------|--|
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES | | | Expires: | January 31, 2005 | | | |
| 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 | | | | | Estimated a burden hour response | | |
| (Print or Type Responses) | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Lyons-Williams Lori | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Syn Dermira, Inc. [DERM] | | | nbol | | |
| (Last) (First) (Middle) | 12/12/2016 4. Relationship of Ro Person(s) to Issuer | | | | nendment, Date Original Ionth/Day/Year) | | |
| C/O DERMIRA, INC., 275 MIDDLEFIELD ROAD, SUITE 150 | | | all applicable) | | | | |
| (Street) | | | <pre> 10% 10% Other Other (specify belo mmercial Offic </pre> | ow) Filing | ividual or Join (Check Applical orm filed by One | ole Line) | |
| MENLO PARK, CA 94025 | | | | Person Fo | • | | |
| (City) (State) (Zip) | Table I - N | Non-Derivat | ive Securiti | ies Benefici | ally Owned | | |
| 1.Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Ownership (Instr. 5) | Indirect Benef. | icial | |
| Reminder: Report on a separate line for e owned directly or indirectly. | ach class of securities benefic | ^{ially} S | EC 1473 (7-02 | 2) | | | |
| information cont required to respo | pond to the collection of ained in this form are not ond unless the form displ MB control number. | t | | | | | |
| Table II - Derivative Secu | urities Beneficially Owned (e | .g., puts, calls, | warrants, op | tions, convert | ible securities |) | |
| 1. Title of Derivative Security 2. D | ate Exercisable and 3. Title | and Amount of | f 4. | 5. | 6. Nature | of Indirect | |

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

Expiration Title

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

Conversion

or Exercise

Price of Derivative

Security

Ownership

Derivative

Security:

Direct (D)

Form of

Beneficial Ownership

(Instr. 5)

OMB APPROVAL

| Shares | or Indirect |
|--------|-------------|
| | (I) |
| | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|
| T. S. T. T. T. T. T. T. T. | Director | 10% Owner | Officer | Other | | |
| Lyons-Williams Lori C/O DERMIRA, INC. 275 MIDDLEFIELD ROAD, SUITE 150 MENLO PARK, CA 94025 | Â | Â | Chief Commercial Officer | Â | | |
| Signatures | | | | | | |
| /s/ Christine Ring, by power of attorney | 01/05/2017 | | | | | |
| **Signature of Reporting Person | Date | | | | | |
| Explanation of Respons | ses: | | | | | |

No securities are beneficially owned

- * 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).

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.