Edgar Filing: OncoMed Pharmaceuticals Inc - Form 4

OncoMed Pha Form 4 April 25, 2017	armaceuticals Inc 7										
FORM	Л								OMB APPROVAL		
	Washington, D.C. 20549						OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or	er STATEMEN 5.	x STATEMENT OF CHANG S				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					
Form 5 obligations may continue. See Instruction 1(b). 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 Ro	esponses)										
Patel Sunil Symb			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		OncoMed Pharmaceuticals Inc [OMED]				(Check all applicable)					
	EUTICALS, INC., 8	(Month/D 04/23/20		ansaction			Director X Officer (give below)		• Owner er (specify		
CHESAPEA	KE DRIVE										
	(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
REDWOOD	CITY, CA 94063						Person	lore than One Re	eporting		
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	an	ecution Date, if	3. Transactio Code (Instr. 8)	4. Securiti on(A) or Dis (D) (Instr. 3, 4	sposed	of	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/23/2017		Code V A	Amount 20,000 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4)	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)

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities I (Instr. 3 and 4) (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 3.73	04/23/2017		A	60,000	(3)	04/22/2027	Common Stock	60,000
Reporting Owners									
Reporting Owner Name / Address Direct				tor 10%	Relationships Owner Officer		Other		
Patel Suni	1								

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Reporting Owner Name / Address	Relationships					
13	Director 10% Owner Officer		Other			
Patel Sunil C/O ONCOMED PHARMACEUTICALS, INC. 800 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063			See Remarks			
Signatures						
/s/ Alicia J. Hager, Attorney-in-Fact for Sunil Patel	04	4/25/2017				
**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) Restricted stock units ("RSUs"). The reporting person is entitled to receive one (1) share of common stock of the issuer for each one (1) RSU upon the vesting thereof.
- (2) Includes 32,500 RSUs.
- (3) The option vests with respect to 1/48 of the shares subject thereto on each monthly anniversary of the date of grant, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.

Remarks:

Chief Financial Officer and Senior Vice President, Corporate Development and Finance

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.