Edgar Filing: Naider Avi Z. - Form 4

Naider Avi Z Form 4 January 25, 2											
FORM			TT 4 N			OMB APPROVAL					
	UNITED STA	UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check th		x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31,	
if no long subject to Section 1 Form 4 c	6. SIAIEVIEN									2005 average rs per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c) (c) (c) (c) (c) (c) (c) (c)									0.5		
(Print or Type Responses)											
1. Name and A Naider Avi	Symbol						5. Relationship of Reporting Person(s) to Issuer				
							k all applicable)				
(Last) (First) (Middle) 3. Date of Ear (Month/Day/Y C/O LOXO ONCOLOGY, INC., 281 01/22/2018 TRESSER BLVD, 9TH FLOOR									ive title 10% Owner below)		
(Street) 4. If Amer			endment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) STAMFORD, CT 06901					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
STAMFUR	D, C1 00901							Person			
(City)	(State) (Zip)) Tabl	e I - Non-l	Deri	ivative So	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	an	Recution Date, if	1						Indirect (I)	Indirect Beneficial	
		(V	Amount	(A) or Amount (D) Price		Reported Transaction(s) (Instr. 3 and 4)	()		
Common Stock	01/22/2018		G V	V 3	3,000	D	\$0	141,118	D		
Common Stock	01/22/2018		S <u>(1)</u>	1	15,000	D	\$ 100	126,118	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.

Edgar Filing: Naider Avi Z. - Form 4

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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. 281 TRESSER BLVD, 9TH FLOOR STAMFORD, CT 06901	Х						
Signatures							
/s/ Jennifer Burstein, by power of attorney	01/25/2018						
**Signature of Reporting Person		Date					
Evelowether of Deere		_					

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) The transactions reported on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person.

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.