Li Yvonne Form 4 April 26, 2018

## FORM 4

### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

Expires: January 31, 2005

Section 16.
Form 4 or
Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

·,

1(b).

(Print or Type Responses)

C/O ONCOMED

1. Name and Address of Reporting Person Li Yvonne

2. Issuer Name **and** Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

OncoMed Pharmaceuticals Inc

[OMED]

(Last) (First) (Middle)

3. Date of Earliest Transaction

\_\_\_\_ Director \_\_\_\_\_ 10% Owner \_\_\_\_ X\_\_ Officer (give title \_\_\_\_\_ Other (specify

(Check all applicable)

(Month/Day/Year)

04/24/2018

\_\_X\_\_Officer (give title \_\_\_\_Other (below) See Remarks

PHARMACEUTICALS, INC., 800 CHESAPEAKE DRIVE

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person \_\_\_ Form filed by More than One Reporting

Person

REDWOOD CITY, CA 94063

(City) (State) (Zip)

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1.Title of | 2. Transaction Date | 2A. Deemed         | 3.                                | 4. Securi               | ties A | cquired    | 5. Amount of     | 6.           | 7. Nature of |
|------------|---------------------|--------------------|-----------------------------------|-------------------------|--------|------------|------------------|--------------|--------------|
| Security   | (Month/Day/Year)    | Execution Date, if | Transaction(A) or Disposed of (D) |                         |        | Securities | Ownership        | Indirect     |              |
| (Instr. 3) |                     | any                | Code                              | ode (Instr. 3, 4 and 5) |        |            | Beneficially     | Form: Direct | Beneficial   |
|            |                     | (Month/Day/Year)   | (Instr. 8)                        | nstr. 8)                |        |            | Owned            | (D) or       | Ownership    |
|            |                     |                    |                                   |                         |        |            | Following        | Indirect (I) | (Instr. 4)   |
|            |                     |                    |                                   |                         | (4)    |            | Reported         | (Instr. 4)   |              |
|            |                     |                    |                                   |                         | (A)    |            | Transaction(s)   |              |              |
|            |                     |                    | C-1- V                            | A 4                     | or     | D          | (Instr. 3 and 4) |              |              |
|            |                     |                    | Code V                            | Amount                  | (D)    | Price      |                  |              |              |
| Common     |                     |                    |                                   |                         |        | \$         |                  |              |              |
|            | 04/24/2018          |                    | S(1)                              | 5,062                   | D      | 2.6777     | 59,890 (3)       | D            |              |
| Stock      |                     |                    |                                   |                         |        | (2)        |                  |              |              |
|            |                     |                    |                                   |                         |        |            |                  |              |              |

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.

SEC 1474

(9-02)

### Edgar Filing: Li Yvonne - Form 4

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

|            | 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exerc    | cisable and              | 7. Titl    | le and     | 8. Price of | 9 |
|------------|-------------|-------------|---------------------|--------------------|-------------------|------------|------------------|--------------------------|------------|------------|-------------|---|
|            | Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration Date  |                          | Amou       | int of     | Derivative  | J |
|            | Security    | or Exercise |                     | any                | Code              | of         | (Month/Day/      | Year)                    | Under      | lying      | Security    | , |
| (Instr. 3) |             | Price of    |                     | (Month/Day/Year)   | (Instr. 8         | Derivative |                  |                          | Securities | (Instr. 5) | ]           |   |
|            |             | Derivative  |                     |                    | Securitie         |            |                  | (Instr.                  | 3 and 4)   |            | (           |   |
| Security   |             | Security    |                     |                    |                   | Acquired   | Acquired         |                          |            |            |             | J |
|            |             | _           |                     |                    |                   | (A) or     |                  |                          |            |            |             | J |
|            |             |             |                     |                    |                   | Disposed   |                  |                          |            |            |             | - |
|            |             |             |                     |                    |                   | of (D)     |                  |                          |            |            |             | ( |
|            |             |             |                     |                    |                   | (Instr. 3, |                  |                          |            |            |             |   |
|            |             |             |                     |                    |                   | 4, and 5)  |                  |                          |            |            |             |   |
|            |             |             |                     |                    |                   |            |                  |                          |            | Amount     |             |   |
|            |             |             |                     |                    |                   |            |                  |                          |            | Amount     |             |   |
|            |             |             |                     |                    |                   | Date       | Expiration       | or<br>Title Number<br>of |            |            |             |   |
|            |             |             |                     |                    |                   |            | Exercisable Date |                          |            |            |             |   |
|            |             |             |                     |                    | C-1- 1            | 7 (A) (D)  |                  |                          |            |            |             |   |
|            |             |             |                     |                    | Code V            | (A) (D)    |                  |                          |            | Shares     |             |   |

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Li Yvonne C/O ONCOMED PHARMACEUTICALS, INC. 800 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063

See Remarks

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

## **Signatures**

/s/ Alicia J. Hager, Attorney-in-Fact for Yvonne Li

04/26/2018

\*\*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) Pursuant to a sell-to-cover election made by the Reporting Person at the time of the initial grant of the restricted stock units ("RSU") award, the shares were sold upon the vesting of restricted stock units solely to cover applicable withholding taxes.
- This transaction was executed in multiple trades in prices ranging from \$2.612 to \$2.682771, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- (3) Includes 33,334 RSUs. The Reporting Person is entitled to receive one (1) share of common stock for each one (1) RSU upon the vesting thereof.

#### **Remarks:**

Vice President, Finance, Controller and Administration

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.

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