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Form 4											
October 10, 20	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549						OMB Number:	3235-0287			
Check this l if no longer subject to Section 16. Form 4 or	•	GES IN BENEFICIAL OWNE SECURITIES				NERSHIP OF	Expires: Estimated a burden hour response				
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 Res	sponses)										
Hager Alicia J. S								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[OMED]					(Check an applicable)			
(Last) C/O ONCOM PHARMACE CHESAPEAK	ED UTICALS, INC	Middle) C., 800	3. Date of (Month/D 10/09/2	-	ansaction			Director X Officer (give below) SVP &		Owner r (specify el	
(Street) 4. If Am				endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon REDWOOD CITY, CA 94063				nth/Day/Year) Applicable Line) _X_Form filed by One F Form filed by More Person					e Reporting Person re than One Reporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
	. Transaction Date Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 1 Stock 1	0/09/2018			Code V $S_{(1)}^{(1)}$	Amount 1,686	(D) D	Price \$ 2.1288 (2)	52,910 <u>(3)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	ınt 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						
1	Director	10% Owner	Officer	Other			
Hager Alicia J. C/O ONCOMED PHARMACEUTICALS, INC. 800 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063			SVP & General Counsel				
Signatures							
lal Aliaia I							

/s/ Alicia J. Hager 10/10/2018

<u>**</u>Signature of Reporting Person Date

re of Person

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 \$2.1005 to \$2.1289, inclusive. The price reported in Column 4

- (2) 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 33,126 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.

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.