Edgar Filing: Iwicki Mark T - Form 4

Iwicki Mark 7 Form 4 May 24, 2018 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	4 UNITED s box er STATEM 5. Filed pur s nue. Section 17(IENT O rsuant to state	Wast F CHAN	hington, GES IN F SECURI 5(a) of the ility Hold	D.C. 205 BENEFI ITIES Securiti ing Com	5 49 CIAI es Ex pany	L OW tchang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectic 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type R	esponses)										
Iwicki Mark T Symbol				Issuer Name and Ticker or Trading nbol nmune Therapeutics, Inc. [AIMT]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
(Month/D C/O AIMMUNE THERAPEUTICS, 05/23/20 INC., 8000 MARINA BOULEVARD, SUITE 300			:h/Day/Year) 3/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				endment, Date Original nth/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 			
(City)	(State)	(Zip)	Table	I Non D	orivotivo S	locuri	tion A a	Person	f or Bonoficia	lly Ownod	
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution D		med 3. n Date, if Transactio Code Day/Year) (Instr. 8)		4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned	, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock, \$0.0001 par value	05/23/2018			Code V	Amount 3,750 (1)	(D) A	Price \$ 0	33,125	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number or f Derivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option(right to buy)	\$ 32.79	05/23/2018		А	7,500	(2)	05/23/2028	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
Iwicki Mark T C/O AIMMUNE THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 300 BRISBANE, CA 94005-1884	Х						
Signatures							
/s/ Douglas T. Sheehy, as Attorney-in-Fact fo Iwicki	05/24/2018						
** Signature of Reporting Person			Date				

**Signature of Reporting 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).
- These shares represent restricted stock units ("RSUs") and will be settled in common stock upon vesting. The RSUs vest on the earlier of (1) (i) the first anniversary of the grant date or (ii) the date of the 2019 Annual Meeting of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

The shares subject to the option will vest and become exercisable as to 100% of the total number of shares subject to the option on the (2) earlier of (i) the first anniversary of the grant date or (ii) the date of the 2019 Annual Meeting of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

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.