#### Edgar Filing: FIVE PRIME THERAPEUTICS INC - Form 4

Form 4	E THERAPEUTI	CS INC										
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB A	PPROVAL			
Check thi	UNITED	Washington, D.C. 20549										
if no long subject to Section 1 Form 4 o Form 5	6. Filed pur										Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the		ility Ho	old	ing Com	pany	Act of	1935 or Section	n		
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Knickerbocker Aron Marc			2. Issuer Name <b>and</b> Ticker or Trading Symbol FIVE PRIME THERAPEUTICS INC [FPRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O FIVE PRIME THERAPEUTICS, INC., TWO CORPORATE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 07/29/2015						X Director 10% Owner X Officer (give title Other (specify below) below) SVP & Chief Business Officer			
Fil SOUTH SAN				Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
FRANCISC (City)	O, CA 94080	(Zin)										
1.Title of Security (Instr. 3)	<b>``</b>	Fransaction Date 2A. Deemed		le I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				quired of (D)	uired, Disposed of 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	
Common Stock	07/29/2015			Code M	v	Amount 339	(D) A	Price \$ 8.49	84,231	D		
Common Stock	07/29/2015			М		354	A	\$ 8.49	84,585	D		
Common Stock	07/29/2015			М		15,804	А	\$ 5.54	100,389	D		

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

SEC 1474 Persons who respond to the collection of information contained in this form are not (9-02) 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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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
Employee Stock Option (right to buy)	\$ 8.49	07/29/2015		М	339	(1)	07/13/2021	Common Stock	339
Employee Stock Option (right to buy)	\$ 8.49	07/29/2015		М	354	(2)	01/01/2022	Common Stock	354
Employee Stock Option (right to buy)	\$ 5.54	07/29/2015		М	15,804	<u>(3)</u>	07/15/2022	Common Stock	15,804

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Knickerbocker Aron Marc C/O FIVE PRIME THERAPEUTICS, INC. TWO CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080	Х		SVP & Chief Business Officer			
Signatures						

### Signalures

/s/ Francis Sarena,	07/31/2015
Attorney-in-Fact	07/51/2015

\*\*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) This option is fully vested and immediately exercisable.
- (2) This option began vesting on January 2, 2012, at a rate of 1/48th per month.
- (3) This option began vesting on July 12, 2012, at a rate of 1/48th per month.

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.