

Porter Jill  
Form 3  
January 29, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*

Porter Jill

(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
01/22/2009

3. Issuer Name and Ticker or Trading Symbol  
Altus Pharmaceuticals Inc. [ALTU]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
VP, Process Dev & Engineering

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

C/O ALTUS  
PHARMACEUTICALS  
INC., 333 WYMAN STREET

(Street)

WALTHAM, MA 02451

(City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

Date Exercisable Date Expiration

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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|                                       |       |            |                 | Shares |          | or Indirect<br>(I)<br>(Instr. 5) |   |
|---------------------------------------|-------|------------|-----------------|--------|----------|----------------------------------|---|
| Common Stock Option<br>(right to buy) | Â (1) | 09/04/2017 | Common<br>Stock | 45,000 | \$ 10.59 | D                                | Â |
| Common Stock Option<br>(right to buy) | Â (2) | 02/25/2018 | Common<br>Stock | 3,360  | \$ 5.72  | D                                | Â |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                                       |       |
|--|---------------|-----------|---------------------------------------|-------|
|  | Director      | 10% Owner | Officer                               | Other |
| Porter Jill<br>C/O ALTUS PHARMACEUTICALS INC.<br>333 WYMAN STREET<br>WALTHAM, MA 02451 | Â             | Â         | Â VP, Process<br>Dev &<br>Engineering | Â     |

## Signatures

/s/ Kevin Brennan 01/29/2009

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. These options started vesting on September 4, 2007.
- (2) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. These options started vesting on February 25, 2008.

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.