Collins Helen Louise Form 3/A May 02, 2019 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Collins Helen Louise			2. Date of Event Requiring Statement (Month/Day/Year)	^g 3. Issuer Name and Ticker or Trading Symbol FIVE PRIME THERAPEUTICS INC [FPRX]						
(Last)	(First)	(Middle)	03/20/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
111 OYSTER POINT BOULEVARD				(Check	all applicable)	03/22/2017				
(Street)				Director 10% Owner X_Officer Other (give title below) (specify below) SVP and Chief Medical Officer			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One			
FRANCISCO	,A CAA 9	94080					Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		3.4. Nature of Indirect BeneficialOwnershipOwnershipForm:(Instr. 5)Direct (D)or Indirect(I)(Instr. 5)						
Reminder: Report owned directly of		ate line for ea	ach class of securities benefic	^{ially} S	EC 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.										
Та	ble II - Deri	ivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, op	tions, c	onvertible securities)			

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)		

Employee Stock Option (right to buy) (1)	(2)	06/26/2026	Common Stock	60,000	\$ 37.89	(Instr. 5) D	Â				
Reporting Owners											
Reporting Owner Name / Address			Relationships								
Reporting Owner Ivan	ne / Autress	Directo	or 10% Owner	r Officer			Oth	ier			
	Collins Helen Louise 111 OYSTER POINT BOULEVARD SOUTH SAN FRANCISCO, CA 94080			SVP	and Chief	Medical Offic	er Â				
Signatures											

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Signatures /s/ Francis Sarena, 05/02/2019 Attorney-in-Fact

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

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

This transaction was previously reported in the reporting person's original Form 3 filed with the Securities and Exchange Commission (the "SEC") on March 22, 2017, as amended by the reporting person's Form 3/A filed with the SEC on February 28, 2018 (the "Original

(1) (the ble) on Match 22, 2017, as an ended by the reporting person's roll of a show the ble on restary 20, 2016 (the original Form 3"). This transaction is not new or revised, but is being reported again such that the system does not, by default, indicate that "no securities are beneficially owned" by the reporting person.

One fourth (1/4) of the shares underlying this option vested on June 20, 2017, and the remainder of the shares underlying this option vest at a rate of one forth-eighth (1/48) per month thereafter, provided the reporting person provides services to Five Prime Therapeutics, Inc. through each such date.

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Remarks:

This amendment is being filed to attach the reporting person's Power of Attorney, which was inadv

Exhibit List: Exhibit 24 - Power of Attorney

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.