Edgar Filing: Clovis Oncology, Inc. - Form 4

| Clovis Oncology, Form 4 | Inc. | | | | | | | | |
|---|--------------------------------|--|------------|--|-----------------------|--|--|--|---|
| June 16, 2014 | | | | | | | | | |
| FORM 4 | UNITED | ST A TES | GECU | | | | E COMMISSIO | NT | APPROVAL |
| | UNITED | SIAIES | | shington | | | | Number: | 3235-0287 |
| Check this box if no longer subject to | | MENT O | | | | | WNERSHIP OI | Expires: | January 31, 2005 |
| Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Section 17(| EMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES oursuant to Section 16(a) of the Securities Exchange Act of 1934, 7(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | urs per |
| (Print or Type Respon | nses) | | | | | | | | |
| 1. Name and Addres GRAHAM GINO | | Person <u>*</u> | Symbol | er Name and | | - | 5. Relationship Issuer | of Reporting Pe | rson(s) to |
| . | | | | Oncology | _ | _VS] | (Ch | eck all applicab | le) |
| (Last) (C/O CLOVIS OI INC., 2525 28TH 100 | NCOLOGY | | | of Earliest Tr Day/Year) 2014 | ransaction | | X Director Officer (gi below) | | % Owner her (specify |
| (BOULDER, CO | Street) 80301 | | | endment, Daonth/Day/Yea | - | I | 6. Individual or Applicable Line) _X_ Form filed by Form filed by Person | | Person |
| (City) (| State) | (Zip) | Tab | ole I - Non-I | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | ally Owned |
| | unsaction Date th/Day/Year) | 2A. Deem Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or of (D) | 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) |
| Reminder: Report on | a separate line | e for each cl | ass of sec | urities benef | ficially owr | ed directly | or indirectly. | | |
| | | | | | inform requir | ation cont ed to resp ys a curre | spond to the colle tained in this forr ond unless the fo ntly valid OMB co | n are not orm | SEC 1474 (9-02) |
| | Tab | | | curities Acq ls, warrants | | - | Beneficially Owne securities) | d | |
| 1. Title of 2. | 3. Trans | saction Date | 2 3A. Dee | emed | 4. | 5. Number | of 6. Date Exerc | isable and | 7. Title and Amou |

1. Title of2.3. Transaction Date3A. Deemed4.5. Number of6. Date Exercisable and7. Title and Amount of8DerivativeConversion(Month/Day/Year)Execution Date, ifTransactionDerivativeExpiration DateUnderlying SecuritiesExecution

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5) | (A) ed of | (Month/Day/ | (Month/Day/Year) | | .4) S (| |
|--------------------------------------|---|------------|-------------------------|--------------------|---|--------------|---------------------|--------------------|-----------------|-------------------------------------|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 44.52 | 06/12/2014 | | А | 12,414 | | <u>(1)</u> | 06/12/2024 | Common Stock | 12,414 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | |
|--|----------|------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| GRAHAM GINGER L C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301 | Х | | | |
| Signatures | | | | |
| /s/ Erle T. Mast, attorney-in-fact | 06/16/20 |)14 | | |
| <u>**</u> 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) One-twelfth (1/12) of the shares subject to the option shall vest on each of the first twelve (12) monthly anniversaries of the date of grant.

Remarks:

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.