**NOVAVAX INC** Form 4 March 09, 2015

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction 1(b).

STATEMENT OF CHANGES IN 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 \* **EVANS GARY C** 

(First) (Middle) (Last)

C/O NOVAVAX, INC., 20 FIRSTFIELD ROAD

GAITHERSBURG, MD 20878

(City)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

NOVAVAX INC [NVAX]

3. Date of Earliest Transaction (Month/Day/Year) 03/05/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

Number: January 31, Expires: 2005

3235-0287

**OMB APPROVAL** 

Estimated average burden hours per

OMB

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

response... 0.5

> 10% Owner Other (specify

> > 7. Nature of

Ownership

(Instr. 4)

Indirect

(D) or Indirect Beneficial

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of

Beneficially

Securities

Issuer

below)

X\_ Director

Applicable Line)

Officer (give title

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities TransactionAcquired (A) or Security (Month/Day/Year) Execution Date, if (Instr. 3) Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Zip)

(Instr. 3, 4 and 5) Owned Following Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** Security or Exercise any Code Securities (Month/Day/Year)

7. Title and Amount of

**Underlying Securities** 

(Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Expiration Title Amount Exercisable Date or Number of Shares Stock Option Common 09/05/2015 03/05/2025 \$ 8.94 03/05/2015(1) 40,000 40,000 (Right to Stock buy)

### **Reporting Owners**

GAITHERSBURG, MD 20878

Reporting Owner Name / Address

Director 10% Owner Officer Other

EVANS GARY C
C/O NOVAVAX, INC.
20 FIRSTFIELD ROAD

## **Signatures**

/s/ John A. Herrmann III, Attorney-in-Fact 03/09/2015

\*\*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 grant was approved by a committee of Novavax's board of directors on March 5, 2015, subject to shareholder approval of the Novavax, Inc. 2015 Stock Incentive Plan.

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.

Reporting Owners 2