Martignetti Anthony Form 5 April 19, 2013

1. Title of

Derivative

Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Martignetti Anthony Symbol Sarepta Therapeutics, Inc. [SRPT] (Check all applicable) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Middle) (Month/Day/Year) Director 10% Owner Other (specify \_ Officer (give title 12/31/2012 below) below) C/O SAREPTA THERAPEUTICS, See Remarks INC., 215 FIRST STREET, SUITE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) CAMBRIDGE, MAÂ 02412 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 1. Title of 2. Transaction Date 2A. Deemed 4. Securities 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price Persons who respond to the collection of information **SEC 2270** Reminder: Report on a separate line for each class of contained in this form are not required to respond unless securities beneficially owned directly or indirectly. (9-02)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)

Transaction

Number

7. Title and Amount of 8.

Underlying Securities

6. Date Exercisable and

**Expiration Date** 

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		3	
					(A) (	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Incentive Stock Option (right to buy)	\$ 15.53	Â	Â	3(1)	Â	Â	(2)	09/28/2022	Common Stock	9,780		

Relationshin

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Martignetti Anthony C/O SAREPTA THERAPEUTICS, INC. 215 FIRST STREET, SUITE 7 CAMBRIDGE, MA 02412	Â	Â	See Remarks	Â			

# **Signatures**

/s/ David T. Howton, as Attorney-in-Fact for Anthony
Martignetti
04/19/2013

\*\*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) The reporting person was appointed the principal accounting officer of the issuer on December 10, 2012.
- This option is exercisable at the rate of 25% of the shares on the first anniversary of the date of hire(the "Vesting Commencement Date") and 1/48th of the total granted shares on each monthly anniversary thereafter, such that the option will be fully exercisable on the fourth anniversary of the Vesting Commencement Date.

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### **Remarks:**

Director, Finance - Chief Accounting Officer, Corporate Controller and Principal Accounting Officer

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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