TG THERAPEUTICS, INC.

Form 4 July 08, 2016

## FORM 4

Check this box

if no longer

subject to

Form 5

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

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Section 16. Form 4 or obligations

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

**STOCK** 

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Echelard Yann |                |            | Symbol                          | Tame <b>and</b> T                           |                                        | _               | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable) |                                           |             |  |  |
|---------------------------------------------------------|----------------|------------|---------------------------------|---------------------------------------------|----------------------------------------|-----------------|-----------------------------------------------------------------------------|-------------------------------------------|-------------|--|--|
|                                                         |                |            | TG THER                         |                                             |                                        | . [TGTX         |                                                                             |                                           |             |  |  |
| (Last)                                                  | (First)        | (Middle)   | 3. Date of E                    |                                             | saction                                |                 |                                                                             |                                           |             |  |  |
|                                                         |                |            | (Month/Day                      |                                             |                                        |                 | _X_ Director                                                                |                                           | Owner       |  |  |
| 2 GANSEVOORT STREET, 9TH FLOOR                          |                |            | 07/06/2016                      |                                             |                                        |                 | Officer (give below)                                                        | below)                                    | er (specify |  |  |
| TLOOK                                                   |                |            |                                 |                                             |                                        |                 |                                                                             |                                           |             |  |  |
| (Street)                                                |                |            | 4. If Amend                     | 4. If Amendment, Date Original              |                                        |                 |                                                                             | 6. Individual or Joint/Group Filing(Check |             |  |  |
|                                                         | Filed(Month    | /Day/Year) |                                 |                                             | Applicable Line)                       |                 |                                                                             |                                           |             |  |  |
|                                                         |                |            |                                 |                                             | _X_ Form filed by One Reporting Person |                 |                                                                             |                                           |             |  |  |
| NEW YORK, NY 10014                                      |                |            |                                 |                                             |                                        |                 | Form filed by More than One Reporting Person                                |                                           |             |  |  |
| (City)                                                  | (State)        | (Zip)      | Table l                         | I - Non-Der                                 | ivative Sec                            | curities Ac     | quired, Disposed of                                                         | f, or Beneficial                          | ly Owned    |  |  |
| 1.Title of                                              | 2. Transaction | Date 2A. D | semed 3. 4. Securities Acquired |                                             |                                        | ed 5. Amount of | 6.                                                                          | 7. Nature of                              |             |  |  |
| Security                                                |                |            |                                 | tion Date, if Transaction(A) or Disposed of |                                        |                 |                                                                             | Ownership Indirect                        | Indirect    |  |  |
| (Instr. 3) any                                          |                |            | Code (D)                        |                                             |                                        |                 | Beneficially                                                                | Beneficial                                |             |  |  |
|                                                         | (N             |            | h/Day/Year)                     | (Instr. 8) (Instr. 3, 4 and 5)              |                                        |                 | Owned                                                                       | Ownership                                 |             |  |  |
|                                                         |                |            |                                 |                                             |                                        |                 | Following                                                                   | Indirect (I)                              | (Instr. 4)  |  |  |
|                                                         |                |            |                                 |                                             |                                        | (A)             | Reported                                                                    | (Instr. 4)                                |             |  |  |
|                                                         |                |            |                                 |                                             |                                        | or              | Transaction(s) (Instr. 3 and 4)                                             |                                           |             |  |  |
|                                                         |                |            |                                 | Code V                                      | Amount                                 | (D) Pri         | ce (Ilisti. 5 and 4)                                                        |                                           |             |  |  |
| COMMON                                                  | 07/06/2016     |            |                                 | A(1)                                        | 12,459                                 | A \$0           | 87,068                                                                      | D                                         |             |  |  |

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)

#### Edgar Filing: TG THERAPEUTICS, INC. - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D) |                     | ate                | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) | of<br>ng<br>s | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|---------------------|--------------------|---------------------------------------------------------------------------|---------------|-----------------------------------------------------|-----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (Instr. 3, 4, and 5)  (A) (D)                                         | Date<br>Exercisable | Expiration<br>Date | or<br>Title Nu<br>of                                                      | umber         |                                                     |                                                                             |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Echelard Yann 2 GANSEVOORT STREET, 9TH FLOOR X NEW YORK, NY 10014

## **Signatures**

/s/ Yann 07/08/2016 Echelard

\*\*Signature of Date Reporting Person

## **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) Reflects a grant of restricted shares that will vest on June 14, 2019.

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