Flexion Therapeutics Inc Form 4 May 19, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

OMB APPROVAL

Expires:

response...

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

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3235-0287

January 31,

2005

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person _ Bodick Neil			Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) is Issuer			
			Flexion Therapeutics Inc [FLXN]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
			(Month/Day/Year)	Director 10% Owner			
C/O FLEXION THERAPEUTICS, INC., 10 MALL ROAD, SUITE 301 (Street)			05/18/2016	_X_ Officer (give title Other (speci			
				below) below) Chief Medical Officer			
			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Chec			
			Filed(Month/Day/Year)	Applicable Line)			

BURLINGTON, MA 01803

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	1 5. Amount of	6.	7. Nature of			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Transaction Code	or(A) or Disposed of (D)	Securities Beneficially	Ownership Form:	Indirect Beneficial			
(msu. 3)		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned Following Reported	Owned Direct (D) Following or Indirect				
			Code V	(A) or Amount (D) Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)				
Common Stock	05/18/2016		P	2,100 A \$ 10.2	75,087	D				
Common Stock					388,683	I	By Versant Development Fund III, LLC			

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date	Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Bodick Neil C/O FLEXION THERAPEUTICS, INC. 10 MALL ROAD, SUITE 301 **BURLINGTON, MA 01803**

Chief Medical Officer

Signatures

/s/ Jonathan H. Mahlowitz, Attorney-in-Fact

05/19/2016

**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).
- Shares held by Versant Development Fund III, LLC. The Reporting Person is a manager and minority member of Versant Development (1) Fund III, LLC. The Reporting Person disclaims any beneficial ownership of the shares held by Versant Development Fund III, LLC except to the extent of his pecuniary interest in these shares.

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.

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