Mast Therapeutics, Inc.

Form 4 June 17, 2016

## 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

1(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

may continue. See Instruction 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 \* Greenleaf Peter

> (First) (Middle)

805 KING FARM **BOULEVARD, SUITE 550** 

ROCKVILLE, MD 20850

(Street)

(State)

(Month/Day/Year)

Execution Date, if

2. Transaction Date 2A. Deemed

(Zip)

2. Issuer Name and Ticker or Trading Symbol

Mast Therapeutics, Inc. [MSTX]

3. Date of Earliest Transaction

(Month/Day/Year) 06/15/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities 5. Amount of

Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Instr. 3, 4 and 5)

(A) or

TransactionAcquired (A) or

Code V Amount (D) Price

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

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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 Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 3235-0287

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

**OMB** 

Number:

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

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

Securities

Following

Reported

Transaction(s)

(Instr. 3 and 4)

Owned

Beneficially

7. Nature of 6. Ownership Form: Direct Indirect (D) or Indirect Beneficial

(I) Ownership (Instr. 4) (Instr. 4)

SEC 1474

(9-02)

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(Instr. 3)	Price of Derivative Security	(Month	(Month/Day/Year)	(Instr. 8	or D (D)	uired (A) bisposed of tr. 3, 4, 5)				
				Code	V (	Α) (Γ	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to	\$ 0.43	06/15/2016		A	79,	551	<u>(1)</u>	06/15/2026	Common Stock	79,551

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Greenleaf Peter
805 KING FARM BOULEVARD
SUITE 550
ROCKVILLE, MD 20850

### **Signatures**

/s/ Brian M. Culley, Attorney-in-Fact for Peter
Greenleaf

06/17/2016

\*\*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).
- (1) This option vests and becomes exercisable in 12 substantially equal monthly installments on each monthly anniversary of June 15, 2016, subject to the reporting person's continued service with the issuer.

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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