

Prentiss Christopher B  
 Form 3  
 September 22, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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 \*

Prentiss Christopher B

(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 09/15/2017

3. Issuer Name and Ticker or Trading Symbol  
 Adamas Pharmaceuticals Inc [ADMS]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Chief Accounting Officer

C/O ADAMAS  
 PHARMACEUTICALS,  
 INC., 1900 POWELL ST.,  
 SUITE 750

(Street)

EMERYVILLE, CA 94608

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Common Stock

9,905 <sup>(1)</sup>

D

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

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise

5. Ownership Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (2)	04/20/2025	Common Stock	35,000	\$ 0	D	Â
Stock Option (Right to Buy)	Â (3)	03/03/2026	Common Stock	18,750	\$ 0	D	Â
Stock Option (Right to Buy)	Â (4)	02/20/2027	Common Stock	20,625	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Prentiss Christopher B C/O ADAMAS PHARMACEUTICALS, INC. 1900 POWELL ST., SUITE 750 EMERYVILLE, CA 94608	Â	Â	Â Chief Accounting Officer	Â

## Signatures

/s/ Jennifer Rhodes 09/22/2017

Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Includes 5,781 restricted stock units that vest over four years.
- (2) Twenty-five percent of the shares subject to the option vested and became exercisable on April 1, 2016, the remainder vest and become exercisable in equal monthly installments over the next three years for a total vesting period of four years.
- (3) The shares subject to the option vest and become exercisable in equal monthly installments on the 1st of every month over four years with the first vesting on April 1, 2016.
- (4) The shares subject to the option vest and become exercisable in equal monthly installments on the 1st of every month over four years with the first vesting on April 1, 2017.

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.