## Edgar Filing: van Elsas Andrea - Form 4

van Elsas Andrea										
Form 4										
December 15, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								MB APPROVAL		
UNITEDS		shington,			NGE (		OMB Number:	3235-0287		
Check this box	, , , , , , , , , , , , , , , , , , ,	511115001,	D.C. 200					January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005		
Section 16.							Estimated average burden hours per			
Form 4 or								0.5		
	suant to Section 1									
may continue.	a) of the Public U 20(h) of the Ly	-	-				n			
See Instruction	30(h) of the Ir	ivestment	Company	Act	OI 194	40				
1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting P	Person <u>*</u> 2. Issue Symbol	2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
van Elsas Andrea				וסם	155001					
		O BIOTE	CH, INC.	ĮAD	(Check all applicable)					
(Last) (First) (M		3. Date of Earliest Transaction				Director 10% Owner				
KLOOSTERSTRAAT 9		Month/Day/Year) 2/11/2017				Officer (give title Other (specify				
	.017				below) below) Chief Scientific Officer					
(Streat)	4 16 4	1 ( D								
(Street)	nendment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by							One Reporting Person			
OSS, P7 5349 AB Form filed by More than One Reporting Person								eporting		
(City) (State) (A	(Zip) Tab									
	140					quired, Disposed of		-		
1.Title of2. Transaction DateSecurity(Month/Day/Year)	2A. Deemed Execution Date, if	3. Transacti	4. Securities Acquired ion(A) or Disposed of			5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	any	Code	(D)	sposee	101	Beneficially	(D) or	Beneficial		
	(Month/Day/Year)					Owned	Indirect (I) (Instr. 4)	Ownership		
						Following Reported	(Instr. 4)			
				(A) or		Transaction(s)				
		Code V		(D)	Price	(Instr. 3 and 4)				
Common 12/11/2017		А	4,650	А	\$0	207,231	D			
Stock			<u>(1)</u>		ψŪ					
Common 12/11/2017		А	16,312	А	\$0	223,543	D			
		A			Stock $12/11/2017$ A $10,512$ A     \$ 0 $223,543$ D					

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

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.

### Edgar Filing: van Elsas Andrea - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
van Elsas Andrea KLOOSTERSTRAAT 9 OSS, P7 5349 AB			Chief Scientific Officer				
Signatures							
/s/ Jennifer Lew, Attorney-in-Fact	1	2/15/2017					

Date

### \*\*Signature of 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) Represents grant of restricted stock units payable in common stock that vest in four equal annual installments from September 12, 2017.
- (2) Represents grant of restricted stock units payable in common stock that vest in four equal annual installments from the grant date of December 11, 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.