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Clayman N Form 4 December 2														
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL				
. 0	•••• UNITED	STATES							COMMISSIC)N	OMB Number	r. 3235	5-0287	
Section 16. Form 4 or Form 5 Filed		Washington, D.C. 20549 CEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES pursuant to Section 16(a) of the Securities Exchange Act of 1934, 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									Expires Estimat burden	January 31		
1(b).						*								
(Print or Type	e Responses)													
Clayman Michael D. Sy					d Ticker o			5. Relationship of Reporting Person(s) to Issuer						
(Lest)	(First)	Middla)		Flexion Therapeutics Inc [FLXN] 3. Date of Earliest Transaction						(Check all applicable)				
	(First) (IION THERAPEU IALL ROAD, SU		3. Date (Month/ 12/20/	/Day/Ye		Iransactioi	1		X_ Director X_ Officer (below) P	-	tle below)	у	
	(Street)		4. If An Filed(M			Date Origin ar)	al		6. Individual o Applicable Line _X_ Form filed) by On	e Reportir	ng Person		
BURLING	GTON, MA 01803								Person	y wo		ie Reporting		
(City)	(State)	(Zip)	Ta	ble I - N	lon-	Derivativ	e Secu	irities Ac	quired, Disposed	d of, o	or Benef	icially Own	ed	
1.Title of Security (Instr. 3)		Insaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			8)	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For Dire or I (I)	wnership Indirect orm: Beneficial irect (D) Ownership Indirect (Instr. 4)			
Common Stock	12/20/2017			J <u>(1)</u>		166	A	\$ 16.59	35,561	D				
Common Stock									294,383	Ι		By the Michael D.Claym 2006 Revocab Trust		
Common Stock									24,600	Ι		By the Michael Clayman Irrevocat	l	

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Common Stock						388,683	Ι		Trust By Ver Develo Fund II (2)	pment	
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)											
Security or l (Instr. 3) Price Det		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	n Date, if TransactionNumber Ex Code of (N		Expiration Date (Month/Day/Year)		Amount of Deriva Underlying Securi		8. Price of Derivative Security (Instr. 5)	ve Deriv Secu
				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						
Clayman Michael D. C/O FLEXION THERAPEUTICS, INC. 10 MALL ROAD, SUITE 301 BURLINGTON, MA 01803	Х		President and CEO							
Signatures										
/s/ Mark S. Levine, Attorney-in-Fact	12/22/20	17								
**Signature of Reporting Person	Date									
Explanation of Response	2001									

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).

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(1) This Form 4 is being filed voluntarily to report the acquisition of 166 shares by the Reporting Person on December 20, 2017 pursuant to the Issuer's Employee Stock Purchase Plan.

Shares held by Versant Development Fund III, LLC. The Reporting Person is a manager and minority member of Versant Development(2) 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.