

JOHNSON DAVID LEE
Form 4
April 02, 2019

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 *
JOHNSON DAVID LEE

2. Issuer Name and Ticker or Trading Symbol
Global Blood Therapeutics, Inc. [GBT]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

(Last) (First) (Middle)
C/O GLOBAL BLOOD THERAPEUTICS, INC., 171 OYSTER POINT BLVD, SUITE 300

3. Date of Earliest Transaction (Month/Day/Year)
04/01/2019

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
Chief Commercial Officer

(Street)
SOUTH SAN FRANCISCO, CA 94080

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

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

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)	
				(A) or (D)	Price			
				Code	V	Amount		
Common Stock	04/01/2019		M		8,750	A	\$ 8,750	D
Common Stock	04/01/2019		F		3,026	D	\$ 52.9	D
					(2)			

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

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SEC 1474 (9-02)

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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price or Value of Underlying Securities (Instr. 3 and 4)
Restricted Stock Units	(1)	04/01/2019		M	8,750	(3) (3)	Common Stock	8,750

Reporting Owners

Reporting Owner Name / Address	Relationships
JOHNSON DAVID LEE C/O GLOBAL BLOOD THERAPEUTICS, INC. 171 OYSTER POINT BLVD, SUITE 300 SOUTH SAN FRANCISCO, CA 94080	Director 10% Owner Officer Chief Commercial Officer

Signatures

/s/ Lesley Ann Calhoun, as Attorney-in-Fact
Date: 04/02/2019

**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) Each Restricted Stock Unit ("RSU") represents the right to receive one share of the Issuer's Common Stock.
- (2) Represents number of shares of Issuer's Common Stock withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 8,750 shares of Common Stock underlying the Reporting Person's RSUs.
The RSUs vested with respect to 1/4th of the underlying shares on April 1, 2019. Thereafter, 1/6th of the remaining underlying shares shall vest on a semi-annual basis (every six months) until fully vested on April 1, 2022, subject to the Reporting Person's continuous service with the Issuer. The Restricted Stock Units are subject to accelerated vesting upon termination without cause or resignation for good reason after a change of control of 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.