## Edgar Filing: Duliege Anne-Marie - Form 4

Duliege Ann	e-Marie											
Form 4												
May 30, 201	2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	<b>GES IN</b>	GES IN BENEFICIAL OWNERSHIP OF					2005		
Section 1	SECUR	SECURITIES					iverage					
Form 4 or									burden hours per response 0.5			
Form 5	Filed p	oursuant to	Section 1	6(a) of th	e Securit	ies E	xchang	e Act of 1934,	·			
obligation may cont		17(a) of the	Public U	tility Hole	ding Con	npany	Act of	f 1935 or Section	n			
See Instru 1(b).		30(h)	of the In	vestment	Compan	y Ac	t of 194	10				
1(0).												
(Print or Type I	Responses)											
1 Mana and A	ddaese of Demest							5 Deletienskin of	Denertine Dem	(-) +		
Duliege Anne-Marie Symbol				suer Name <b>and</b> Ticker or Trading ol YMAX INC [AFFY]				5. Relationship of Reporting Person(s) to Issuer				
												(Chec
								(Last)	(First)	(Middle)	3. Date of	f Earliest Ti
				/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify				
	MAX, INC., 40	001	05/25/2	012				XOfficer (give below)	below)	er (specify		
MIRANDA	AVE.							Chief	Medical Office	r		
	(Street)		4. If Ame	ndment, Da	ate Origina	1		6. Individual or Jo	oint/Group Filir	g(Check		
Filed(Mor				onth/Day/Year)				Applicable Line)				
								_X_ Form filed by C				
PALO ALT	O, CA 94304							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Deer	med 3. 4. Securities Acquired					5. Amount of 6. Ownership 7. Nature				
Security	(Month/Day/Ye	ar) Executio	on Date, if Transaction(A) or Disposed of (D)			d of (D)	Securities	Form: Direct	Indirect			
(Instr. 3)		any	Code (Instr. 3, 4 and 5)					Beneficially		Beneficial		
		(Month/	Day/Year)	) (Instr. 8)				Owned Following		Ownership		
								Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					3,689	. ,	\$					
Stock	05/25/2012			S <u>(1)</u>	( <u>2</u> )	D	φ 14.11	32,829	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.

 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. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Duliege Anne-Marie C/O AFFYMAX, INC. 4001 MIRANDA AVE. PALO ALTO, CA 94304			Chief Medical Officer					
Signatures								
/s/ Grace Shin, Attorney-in-fact	05/2	29/2012						
<u>**</u> 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) Shares weres sold pursuant to a 10b5-1 Plan.
- (2) Represents shares acquired pursuant to the issuer's employee stock purchase plan.

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.