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ARROWHEAD RESEARCH CORP

Form 4 January 04, 2016

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

OMB Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

1(b).

1050

(Print or Type Responses)

1. Name and Address of Reporting Person * **Anzalone Christopher Richard**

225 S. LAKE AVENUE, SUITE

(State)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

below)

ARROWHEAD RESEARCH CORP

(Check all applicable)

[ARWR]

(Last) (First) (Middle) 3. Date of Earliest Transaction

_X__ Director 10% Owner Other (specify X_ Officer (give title

(Month/Day/Year)

12/30/2015

Chief Executive Officer

(Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I. Non Darivotive Securities Acquired Disposed of ar Rangicially Ox

PASADENA, CA 91101

(City)

• • • • • • • • • • • • • • • • • • • •	, ,	` 1' I abi	e 1 - Non-L	perivative S	ecuriu	ies Acqu	iirea, Disposea oi	, or Beneficial	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es Acq	uired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disp	osed o	of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5)		Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	A	or	D	(Instr. 3 and 4)		
C			Code V	Amount	(D)	Price			
Common	12/30/2015		F	58,712	D	\$	561,461	D	
Stock	12/30/2013		•	30,712	Ъ	6.13	501,101	D	
				5 40.000					
Common	01/01/2016		A	540,000	Α	\$ 0	1,101,461	D	
Stock	01/01/2010			(1)	. 1	ΨΟ	1,101,101	D	

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

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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. Transactic Code (Instr. 8)	5. Number of or 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 6.15	01/01/2016		A	80,000	(2)	01/01/2026	Common Stock	80,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
Transfer and the same and the s	Director	10% Owner	Officer	Other			
Anzalone Christopher Richard 225 S. LAKE AVENUE SUITE 1050 PASADENA, CA 91101	X		Chief Executive Officer				

Signatures

/s/ Christopher
Anzalone

**Signature of Reporting

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).
- Represents the maximum number of shares underlying a restricted stock unit that may be earned based on the achievement of certain (1) predetermined performance goals related to the advancement of the Company's clinical programs and business development over three years. If the performance goals are not met within the required time periods, the award will be forfeited in part or in whole.
- (2) Option vests and becomes exercisable over a four year period from date of grant.

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.

Reporting Owners 2