## Edgar Filing: ARGOS THERAPEUTICS INC - Form 4

ARGOS THEF Form 4 January 04, 20	RAPEUTICS IN	NC											
FORM	Л										OMB APPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this if no longer	Check this box if no longer						Expires:	January 31, 2005					
subject to	ubject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated average				
Section 16. Form 4 or		SECURITIES								burden hou response	•		
Form 5	Filed pur	suant to S	Section 16	(a) of t	the	Securiti	ies Ez	chang	ge Act of 1934,	100001100	0.0		
obligations may continu	ue. Section 17(a			•		•	· ·		f 1935 or Sectio	n			
See Instruct 1(b).		30(h)	of the Inv	vestmei	nt C	Company	y Act	of 19	40				
(Print or Type Res	sponses)												
1. Name and Address of Reporting Person <u>*</u> SNYDERMAN RALPH			Symbol Issuer ARGOS THERAPEUTICS INC					-	5. Relationship of Reporting Person(s) to Issuer				
	ck all applicable)												
(Last)	(First) (N	Middle)	(Month/Dav/Year)						Officer (give title Other (specify				
C/O SAIC, 10260 CAMPUS POINT 12/31/2016 below) below) below)													
	(Street)		4. If Amen	idment, l	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check		
	Filed(Month/Day/Year) Applicable Line)						Our Demontine Demon						
SAN DIEGO, CA 92121       _X_ Form filed by One Reporting Person         Form filed by More than One Reporting Person													
(City)	(State)	(Zip)	Table	I - Non	-De	rivative S	Securi	ties Ace	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			n Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					)	Securities Elementicially Owned	6. Ownership Form: Direct (D) or (Indirect (I) (Instr. 4)			
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	12/31/2016			А		573 <u>(1)</u>	А	\$0	573	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own 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		Relations	nips				
	Director	10% Owner	Officer	Other			
SNYDERMAN RALPH C/O SAIC 10260 CAMPUS POINT DR M/S F3 SAN DIEGO, CA 92121	Х						
Signatures							
/s/ Lori R. Harrelson, attorney-in-fact	01/04/	2017					
**Signature of Reporting Person	Da	ite					
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).

The reporting person has received a fully vested stock award for shares of the Company's common stock. For calendar year 2016, the Company has elected to make common stock awards in lieu of cash payments of director fees otherwise payable under the director

(1) Company has elected to make common stock awards in field of easi payments of director fees offerwise payable under the director compensation policy. The number of shares of common stock awarded represent the quotient of (A) such director fees divided by (B) the Company's closing stock price on the date awarded, rounded down to the nearest whole share of common stock.

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.