Edgar Filing: CURIS INC - Form 4

CURIS INC													
Form 4													
January 28,	2015												
FORM	14	CT A TEC	SECU	DITIEC		ND EV		E COMMESIO	NT.	APPROVAL			
Washington, D.C. 20549								N OMB Number:	3235-028	7			
Check this box								Expires:	January 31				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNE							WNERSHIP OF	Estimated	2009 average	С			
	Section 16. SECURITIES							burden ho	urs per				
Form 4 o Form 5		report to S	action 1	$\mathbf{f}(\mathbf{a})$ of	the	Saari	tion Exch	ange A at of 1024	response.	0.	5		
obligatio								ange Act of 1934, t of 1935 or Secti					
See Instruction 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).													
(Print or Type	Responses)												
		_ *											
	Address of Reporting	_		ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
				Symbol									
			CURIS INC [CRIS]				(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction					V Dimeter	10	01 0			
4 MAGUIR	FROAD			(Month/Day/Year) 01/26/2015				X_ Director 10% Owner Officer (give title Other (specify					
4 MAGUIKE KOAD			01/20/2	2015				below) below)					
(Street)			4. If Amendment, Date Original				al	6. Individual or Joint/Group Filing(Check					
			Filed(Mo	onth/Day/Y	(ear)			Applicable Line)	Applicable Line) _X_ Form filed by One Reporting Person				
LEXINGT	ON, MA 02421								More than One I				
(City)	(State)	(Zip)					~ ••		0 7 01				
(enj)	· · ·	-		ole I - Noi	n-D	erivative	Securities .	Acquired, Disposed	of, or Beneficia	ally Owned			
1.Title of	2. Transaction Date			3. Transaa		4. Securit		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any		Code Disposed of (D)				Beneficially		Indirect Beneficial Ownership			
(mou: 0)		(Month/Da	y/Year)					Owned	(I)				
								Following	(Instr. 4)	(Instr. 4)			
							(A)	Reported Transaction(s)					
				Code	v	Amount	Or (D) Price	(Instr. 3 and 4)					
DilD		C 1 1	C			Amount							
Reminder: Rej	port on a separate line	e for each cla	iss of sec	urities be	nefi	-	-	or indirectly.	oction of	SEC 1474			
								tained in this form		SEC 1474 (9-02)			
						requi	red to resp	oond unless the fo	rm				
						displa	ays a curre	ently valid OMB co	ontrol				

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Derivative	Expiration Date	Underlying Securiti
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

	Derivative Security			or Disposed of (D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numt of Sha
Non-qualified stock option (right to buy)	\$ 1.94	01/26/2015	А		85,000		<u>(1)</u>	01/26/2025	Common stock	85,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCNAB JAMES R 4 MAGUIRE ROAD LEXINGTON, MA 02421	Х						
Signatures							
/s/ Michael P. Gray, attorney-in-fact		01/28/2015	i				
**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).
- Options granted under the Amended and Restated 2010 Incentive Stock Option Plan and 1/12th of the total shares will vest monthly
 (1) beginning on February 26, 2015 until all of the shares underlying the award become vested on January 26, 2016, subject to the director's continued service with the Company.

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.