Mast Therapeutics, Inc. Form 4

November 09, 2015

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

Check this box if no longer subject to Section 16.

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Greenleaf Peter

Symbol Mast Therapeutics, Inc. [MSTX] 5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

10% Owner

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

(First) (Middle) (Last)

(Street)

3. Date of Earliest Transaction

2. Issuer Name and Ticker or Trading

X\_ Director Officer (give title Other (specify

805 KING FARM **BOULEVARD, SUITE 550** 

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

11/05/2015

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Applicable Line)

below)

ROCKVILLE, MD 20850

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

7. Nature of 6. Ownership Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

(A) or (Instr. 3 and 4) Code V Amount (D) Price

Transaction(s)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of					(
				Code V	7 (A)	(D) Date Exercis		xpiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 0.45	11/05/2015		A	64,791	<u>(1</u>	<u>)</u> 1	1/05/2025	Common Stock	64,791	
Stock Option (Right to Buy)	\$ 0.45	11/05/2015		A	37,794	(2	<u>)</u> 1	1/05/2025	Common Stock	37,794	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
Greenleaf Peter 805 KING FARM BOULEVARD SUITE 550 ROCKVILLE, MD 20850	X						

## **Signatures**

/s/ Brandi L. Roberts, Attorney-in-Fact for Peter Greenleaf

\*\*Signature of Reporting Person

## **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).
- This option vests and becomes exercisable in 36 substantially equal monthly installments on each monthly anniversary of November 5, 2015, subject to the reporting person's continued service with the issuer.

Date

(2) This option vests and becomes exercisable in seven (7) substantially equal monthly installments on each monthly anniversary of November 5, 2015, subject to the reporting person's continued service with 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.

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