Edgar Filing: ARQULE INC - Form 4

AROULE INC

Form 4 July 21, 2014 FORM 4 Check this box if no longer subject to Section 16. Form 4 or										
Check this box if no longer subject to Section 16. UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-024 Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Number: 3235-024										
Check this box if no longer subject to Section 16. Section 16. OMB Number: 3235-020 OMB Number: 200 Expires: 200 Estimated average burden hours per										
Check this box if no longer subject to Section 16. SECURITIES SECURITIES LABOR SECURITIES L	35-0287									
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average Section 16. SECURITIES burden hours per										
Section 16. SECURITIES burden hours per)5									
Horm 4 or	E									
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,	.5									
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
See Instruction 30(h) of the Investment Company Act of 1940										
1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to										
1. Name and Address of Reporting Person 22. Issuer Name and Ticker or Trading5. Relationship of Reporting Person(s) toLOBERG MICHAEL DSymbolIssuer	· · ·									
ARQULE INC [ARQL] (Check all applicable)										
(Last) (First) (Middle) 3. Date of Earliest Transaction										
	X_ Director 10% Owner Officer (give title Other (specify									
PRESIDENTIAL WAY below) below)										
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check										
Filed(Month/Day/Year) Applicable Line)										
WOBURN, MA 01801 Form filed by One Reporting Person Form filed by More than One Reporting Person										
r cisoli										
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed3.4. Securities Acquired5. Amount of Securities6. Ownership7. Nature of Form: DirectIndirectMonth/Day/Year)Execution Date, if Execution Date, if Transaction(A) or Disposed of SecuritiesSecuritiesForm: Direct Indirect										
(Instr. 3) any Code (D) Beneficially (D) or Beneficial										
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)										
(A) Reported Transaction(s)										
Code V Amount (D) Price (Instr. 3 and 4)										
Common O7/17/2014 A 719 A \$ 98,587 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)

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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)	orNumber Expiration of (Month/Da			7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LOBERG MICHAEL D C/O ARQULE, INC. 19 PRESIDENTIAL WAY WOBURN, MA 01801	Х						
Signatures							
Peter S. Lawrence By of Attorn Loberg	07/21/2014						
<u>**</u> Signature of Reportin		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).

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.