ARATANA THERAPEUTICS, INC.

Form 4

January 14, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

January 31,

Estimated average

Expires:

2005

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response...

Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

subject to

Check this box

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).

(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

Issuer

below)

TOOMAN CRAIG A

Symbol

ARATANA THERAPEUTICS, INC. [PETX]

(Check all applicable)

CHIEF FINANCIAL OFFICER

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

Director X_ Officer (give title

10% Owner Other (specify

C/O ARATANA THERAPEUTICS.

INC., 1901 OLATHE

BOULEVARD

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

(Street)

Filed(Month/Day/Year)

Code

(Instr. 8)

(Month/Day/Year)

01/13/2014

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

(Instr. 4)

KANSAS CITY, KS 66103

(City) (State) (Zip)

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

1.Title of Security

(Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed

3. 4. Securities Execution Date, if TransactionAcquired (A) or

5. Amount of Securities Beneficially

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

Owned Following

Reported Transaction(s)

(A) Code V Amount (D) Price

Disposed of (D)

(Instr. 3, 4 and 5)

(Instr. 3 and 4)

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

(Month/Day/Year)

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.

SEC 1474 (9-02)

(Instr. 4)

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)	5. Number of orDerivative 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)		3 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to	\$ 18.42	01/13/2014		A	25,000	<u>(1)</u>	01/12/2024	Common Stock	25,000	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

TOOMAN CRAIG A C/O ARATANA THERAPEUTICS, INC. 1901 OLATHE BOULEVARD KANSAS CITY, KS 66103

CHIEF FINANCIAL OFFICER

Signatures

/s/ John C. Ayres as Attorney-in-Fact for Craig Tooman

01/14/2014

**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).

Vests as to 25% of the total number of shares (rounded down to the nearest whole share) on the first anniversary of the grant date and as to an additional 1/48th of the total number of shares (rounded down to the nearest whole share) on the same day of each of the 36 successive calendar months thereafter, such that the stock option shall be vested as to all shares on the fourth anniversary of the grant date, subject to continued service with the Issuer through the applicable vesting dates.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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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