

Kaseta Michael  
 Form 3  
 December 04, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Â Kaseta Michael  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement  
 (Month/Day/Year)  
 11/30/2017

3. Issuer Name and Ticker or Trading Symbol  
 Aralez Pharmaceuticals Inc. [ARLZ]

4. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

5. If Amendment, Date Original Filed(Month/Day/Year)

C/O ARALEZ  
 PHARMACEUTICALS  
 INC.,Â 7100 WEST CREDIT  
 AVENUE, SUITE 101  
 (Street)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Interim CFO

MISSISSAUGA,Â A6Â L5N  
 0E4  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares, without par value	2,500 <sup>(1)</sup>	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Kaseta Michael - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (2)	11/11/2026	Common Stock	37,500	\$ 4.9	D	Â
Stock Option (Right to Buy)	Â (3)	03/15/2027	Common Stock	5,000	\$ 2.37	D	Â
Stock Option (Right to Buy)	Â (4)	05/11/2027	Common Stock	25,000	\$ 1.56	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kaseta Michael C/O ARALEZ PHARMACEUTICALS INC. 7100 WEST CREDIT AVENUE, SUITE 101 MISSISSAUGA,Â A6Â L5N 0E4	Â	Â	Â Interim CFO	Â

## Signatures

/s/ Michael  
Kaseta

12/04/2017

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

- Consists of 2,500 Restricted Stock Units granted pursuant to the Aralez Pharmaceuticals Inc. 2016 Amended and Restated Long-Term Incentive Plan, which vest in substantially equal annual installments over the three years immediately following the date of grant (March 15, 2017), subject to continued employment or service to the Company.
- (1) The option vests in substantially equal monthly installments over four years from date of grant (November 11, 2016), subject to continued employment or service to the Company.
  - (2) The option vests in substantially equal monthly installments over four years from date of grant (March 15, 2017), subject to continued employment or service to the Company.
  - (3) The option vests as to 25% of the shares on May 11, 2018, and the remainder vests in substantially equal monthly installments over the 36 months immediately following such date, subject to continued employment or service to 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.