TRUPANION INC.

Form 5

February 13, 2017

## FORM 5

#### **OMB APPROVAL**

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

**OMB** 3235-0362 Number: January 31,

1.0

no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box if

Expires: 2005 Estimated average

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

burden hours per response...

may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

NOVOTNY GLENN W

Symbol TRUPANION INC. [TRUP]

3. Statement for Issuer's Fiscal Year Ended

(Check all applicable)

below)

(Last) (First) (Middle)

(Month/Day/Year)

\_X\_ Director 10% Owner Officer (give title Other (specify

12/31/2016

C/O TRUPANION, INC., 6100 4TH AVENUE SOUTH, SUITE 200

> (Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

(check applicable line)

SEATTLE, WAÂ 98108

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

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

below)

(City)

1. Title of

Security

(Instr. 3)

(State)

2. Transaction Date 2A. Deemed

(Month/Day/Year)

(Zip)

(Month/Day/Year) Execution Date, if

3. Transaction Code

(Instr. 8)

4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned at end of Issuer's

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

(Instr. 4)

Beneficial Ownership (Instr. 4)

or

Amount (D) Price

(A)

Fiscal Year (Instr. 3 and 4)

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.

**SEC 2270** (9-02)

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

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	Derivative Security			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 8.57	Â	Â	Â	Â	Â	(1)	02/05/2026	Common Stock	22,530 (2)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>Fg</b>	Director	10% Owner	Officer	Other		
NOVOTNY GLENN W						
C/O TRUPANION, INC.	â v	Â	Â	â		
6100 4TH AVENUE SOUTH, SUITE 200	АЛ	A	A	A		
SEATTLE, WA 98108						

## **Signatures**

/s/ Charlotte Sim-Warner as attorney-in-fact for Glenn
Novotny

02/13/2017

\*\*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).
- (1) The option vests as to 25% of the total shares on each of March 31, 2016, June 30, 2016, September 30, 2016, and December 31, 2016, subject to the reporting person's provision of services to the issuer on each vesting date.
- (2) Represents the number of shares remaining after the cancellation of shares in connection with the reporting person's resignation as the chair of a board committee. No consideration was paid in connection with the partial cancellation of this option.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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