Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Onc Form 4	cology, Inc.										
June 10, 20)16										
FOR	МД								PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						NOMB Number:	3235-0287				
Check if no lo subject Section Form 4	to SIAIEN 116.	/IENT OI	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:	urs per		
Form 5 obligati may co <i>See</i> Ins 1(b).	ions Section 17(a) of the l	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	·	. 0.0		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> McKinley Edward J			2. Issuer Name and Ticker or Trading Symbol Clovis Oncology, Inc. [CLVS]				5. Relationship of Reporting Person(s) to Issuer				
(Lest)	(First) (Middle)			_	-	(Che	ck all applicabl	e)		
(Last) (First) (Middle) C/O CLOVIS ONCOLOGY, INC., 5500 FLATIRON PARKWAY, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2016				X_Director10% Owner Officer (give titleOther (specify below)below)				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BOULDE	R, CO 80301						Person	More than One K	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforı requi	mation cont red to respe ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	I			
		action Date /Day/Year)			4. Transact	5. Number tiorDerivative			7. Title and Amount of 8 Underlying Securities 1		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	d of	(Month/Day/	Year)	(Instr. 3 and	4)	:
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 15.23	06/09/2016		A	10,000		<u>(1)</u>	06/09/2026	Common Stock	10,000	
Reporting Owners											
Reporting Owner Name / Address				Relation	nships						
			Director	10% Owne	er Officer	0	ther				
McKinley Edward J C/O CLOVIS ONCOLOGY, INC. 5500 FLATIRON PARKWAY, SUITE 100 BOULDER, CO 80301			100 X								
Signa	tures										
/s/ Edwar	rd J.	06/09/201	6								

/s/ Edward J. McKinley	06/09/2016			
<u>**</u> 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) One-twelfth (1/12) of the shares subject to the option shall vest on each of the first twelve (12) monthly anniversaries of the date of grant.

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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