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| Amos John Form 4 May 22, 20 FORN Check t if no lor subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b). | 18 A 4 UNITED his box nger to 16. or States Filed pur Section 176 | STATES SECU W MENT OF CHA rsuant to Section (a) of the Public 30(h) of the | V ashington ANGES IN SECU n 16(a) of t Utility Ho | n, D.C. 209 N BENEFI RITIES the Securiti | 549 CIA ies Ez ipany | L OWNI kchange 2 | E RSHIP OF Act of 1934, | OMB Number: Expires: Estimated a burden hour response | • | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (Last) (First) (Middle) | | | Issuer Name and Ticker or Trading Symbol VIVUS INC [VVUS] Date of Earliest Transaction (Month/Day/Year) 05/18/2018 | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director 10% Owner X_ Officer (give title Other (specify | | | |
| | (Street) | 550 4. If A | | Date Original | | b 6 | elow) | below) xecutive Office | er | |
| | LL, CA 95008 | (7:) | | | | P | X_ Form filed by Or Form filed by Mo Person | ore than One Rej | porting | |
| (City) | (State) | | | | | - | red, Disposed of, | | • | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year | Code | 4. Securitie omr Dispose (Instr. 3, 4 Amount | d of (I |)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 05/18/2018 | | Р | 270,000 | А | 0.7707 (1) | 1,710,000 | D | | |
| Common Stock | 05/18/2018 | | S <u>(2)</u> | 1,500 | D | \$ 0.7708 | 1,708,500 | 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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

| 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|------------------------------------------------------------------------------------------|---------------|-----------|-------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| Amos John P. C/O VIVUS, INC. 900 E. HAMILTON AVE., SUITE 550 CAMPBELL, CA 95008 | Х | | Chief Executive Officer | | | | |
| Signatures | | | | | | | |
| /s/ Julie Hollenback, Attorney-in-Fact | 05/22/2 | 018 | | | | | |
| <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).

This is the weighted average purchase price. Shares were purchased in multiple transactions at prices from \$0.7581 to \$0.7784. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange

Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) to this Form 4.

The reporting person's sale of VIVUS common stock reported herein was matchable under Section 16(b) of the Securities Exchange Act of 1934, to the extent of 1,500 shares, with the reporting person's purchase of 555 shares of VIVUS common stock at a price of \$0.4841

(2) per share on May 11, 2018, 100 shares of VIVUS common stock at a price of \$0.4991 per share on May 11, 2018 and 845 shares of VIVUS common stock at a price of \$0.4997 per share on May 11, 2018. The reporting person has paid to VIVUS \$415.37, representing the full amount of the profit realized in connection with the short-swing transaction, less transaction costs.

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.