OncoMed Pharmaceuticals Inc

Form 4 April 25, 2017

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005 Estimated average

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

burden hours per response... 0.5

Form 4 or Form 5 obligations may continue.

See Instruction

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 * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Lewicki John A. Issuer Symbol

OncoMed Pharmaceuticals Inc [OMED]

(Check all applicable) Director 10% Owner

EVP, Research & Development

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year) 04/23/2017

X_ Officer (give title _ Other (specify below)

C/O ONCOMED PHARMACEUTICALS, INC., 800

(Street)

(State)

(Zip)

CHESAPEAKE DRIVE

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

REDWOOD CITY, CA 94063

(City)

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

1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
			Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	04/23/2017		A	22,500 (1)	A	\$0	45,437 (2)	D	
Common Stock							88,951	I	See Footnote

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

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(3)

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number.

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)	Code Securities		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 3.73	04/23/2017		A	67,500	<u>(4)</u>	04/22/2027	Common Stock	67,500

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Lewicki John A. C/O ONCOMED PHARMACEUTICALS, INC. 800 CHESAPEAKE DRIVE REDWOOD CITY, CA 94063

EVP, Research & Development

Signatures

/s/ Alicia J. Hager, Attorney-in-Fact for John A. Lewicki

04/25/2017

Date

**Signature of Reporting Person

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).
- Restricted stock units ("RSUs"). The reporting person is entitled to receive one (1) share of common stock of the issuer for each one (1) **(1)** RSU upon the vesting thereof.
- (2) Includes 35,000 RSUs.
- (3) The shares are held by John Allan Lewicki and Jenniffer Joan Lewicki, Trustees of the Lewicki Family Trust dated December 6, 2000.
- The option vests with respect to 1/48 of the shares subject thereto on each monthly anniversary of the date of grant, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.

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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