Edgar Filing: Mast Therapeutics, Inc. - Form 4

Mast Therapeutics, Inc. Form 4 November 09, 2015

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Greenleaf Peter | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|---|-------------------------|--|---|---|--|--|
| | | | Mast Therapeutics, Inc. [MSTX] | (Check all applicable) | | |
| (Last) | (Last) (First) (Middle) | | 3. Date of Earliest Transaction | | | |
| | | | (Month/Day/Year) | _X_ Director10% Owner | | |
| 805 KING FARM | | | 11/05/2015 | Officer (give titleOther (specify | | |
| BOULEVARD, SUITE 550 | | | | below) below) | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) | | |
| ROCKVILLE, MD 20850 | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| (City) | (State) | (Zip) Tab | ole I - Non- | Derivative Securities | Acquired, Disposed | of, or Beneficia | lly Owned |
|--------------------------------------|---|---|--|---|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | 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) |
| | | | Code V | Amount (D) Price | (1150.5 and 4) | | |

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

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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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|---|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |

| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Acquired or Dispose (D) (Instr. 3, 4 and 5) | ed of | | | | |
|-----------------------------------|--|------------|------------------|------------|---|-------|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right Buy) | $\mathbf{N} \mathbf{U} \mathbf{\Delta} \mathbf{N}$ | 11/05/2015 | | A | 64,791 | | <u>(1)</u> | 11/05/2025 | Common Stock | 64,791 |
| Stock Option (Right Buy) | NU41 | 11/05/2015 | | A | 37,794 | | (2) | 11/05/2025 | Common Stock | 37,794 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Greenleaf Peter 805 KING FARM BOULEVARD SUITE 550 ROCKVILLE, MD 20850 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Brandi L. Roberts, Attorney-in-I Greenleaf | | 1/09/2015 | | | | | |
| **Signature of Reporting Per | | 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) This option vests and becomes exercisable in 36 substantially equal monthly installments on each monthly anniversary of November 5, 2015, subject to the reporting person's continued service with the issuer.
- (2) This option vests and becomes exercisable in seven (7) substantially equal monthly installments on each monthly anniversary of November 5, 2015, subject to the reporting person's continued service with the issuer.

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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